

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31942

Registration District No. 4289 Primary Registration District No. 4289 Registrar's No. 80

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town La Grange
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 Years 11 Months 12 Days
In this community 41 Years 11 Months 12 Days
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Abner Smith Ingman
3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella L. Lillard Ingman 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March 12th 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	5	29	hr. min.

9. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business

MOTHER FATHER
12. Name Stuart Boyd Ingman
13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Kitura Cave
15. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ingman S Ingman
(b) Address La Grange Mo

17. (a) Burial (b) Date thereof Sept. 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or exhumation La Grange, Mo

18. (a) Signature of funeral director J. H. Roberts
(b) Address La Grange, Mo

19. (a) Sept. 12, 1941 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis 56
(c) City or town La Grange 2
(If outside city or town limit, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 11
year 1941 hour 11 minute 9 A.M.
21. I hereby certify that I attended the deceased from July 5, 1941 to Sept 11, 1941;
that I last saw him alive on Sept 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Duration few months

Due to
Due to
Other conditions Acute Rheumatism
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations 97
Of autopsy ✓
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature P. W. Jennings (M. D. or other)
Address Coakton, Mo. Date signed 9/12/41

RECEIVED

District Health Officer No. 10

District File Number 10-41-1854

Date Filed OCT. 17 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

A.A. Roberts

....., Registered Apprentice No.

working under my personal supervision.

Signed A.A. Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.