S. No. 2
—11-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32186

Registration District No. 653 Primary Registration District No. 5864 Registrar's No. 62

078
0
0

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

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayti Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community 40 Yrs. 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 078

(a) State Missouri (b) County Pemiscot 0
(c) City or town Hayti Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jessie Florence Ingle
3. (b) If veteran, name war "
3. (c) Social Security No. "
4. Sex female 1
5. Color or race white 1
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Ingle
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 17 1882 (Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Gibson County Tenn. 1 (City, town, or county) (State or foreign country)
10. Usual occupation house wife
11. Industry or business
FATHER
12. Name John B. Troutt
13. Birthplace Gibson Co. Tenn. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Irby
15. Birthplace Gibson Co. Tenn. 1 (City, town, or county) (State or foreign country)
16. (a) Informant John Ingle
(b) Address Hayti R#1 Bx. 39
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/41 (Month) (Day) (Year)
(c) Place: burial or cremation Dry Bayou
18. (a) Signature of funeral director Ray Funeral Home
(b) Address Hayti Mo.
19. (a) 9/19/41 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1941 hour 11 minute 08 A. M.

21. I hereby certify that I attended the deceased from September 15, 1941, to September 15, 1941; that I last saw her alive on September 15, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 days
Due to Arteriosclerosis, Hypertension, myocarditis,	
Due to and Nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

131 P

PHYSICIAN
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 F. G. Bond M.D. (M. D. or other) 0
Address Hayti, Mo. Date signed 9-19-41

(Licensed Embalmer's Statement on Reverse Side)

10-41-4

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 .....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Hayti 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.