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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9670

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1038

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Trinity Luthern Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days. 0 (Specify whether

In this community 30 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 0148

(d) Street No. 3621 Warwick (If rural, give location) 3 8

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Estelle Ingersoll.

3. (b) If veteran, name war

3. (c) Social Security No. 495-09-1525

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Dra Ingersoll.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 12 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	6	0	hr. min.

9. Birthplace Olathe (City, town, or county) 1 Kansas (State or foreign country)

10. Usual occupation Film Inspector

11. Industry or business Columbia Picture Co

FATHER
12. Name Chas. Hammond.
13. Birthplace 1 Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary J. Bell.
15. Birthplace Unk. 9 (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record

(b) Address Trinity Hosp.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-42 (Month) (Day) (Year)

(c) Place: burial or cremation Olathe Kas.

18. (a) Signature of funeral director H. E. Julien

(b) Address Olathe Kas.

19. (a) 3-13-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Mar-7 1942 to Mar-12 1942 that I last saw her alive on Mar 11 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage (Rt side)	5 days
Due to Arteriosclerosis	4 yrs
Hypertension	4 yr
Due to 83 w	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 [signature] (M. D. ~~or other~~)

Address 106 W 14th St. KC Mo Date signed 3/12/42

361

(Licensed Embalmer's Statement on Reverse Side)

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 H. E. Julien

Licensed Embalmer No. 2047

P. O. Address Olathe Kas

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, fact should be so stated above.