

FILED AUG 1 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2755

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:  
Lakeside Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 Days  
(Specify whether years, months or days)  
 In this community 11 Days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Howell **46**  
 (c) City or town West Plains **1**  
(If outside city or town limits, write "RURAL.")  
 (d) Street No. 840 St. Louis  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country -

3. (a) PRINT FULL NAME Mrs. Allie Vinabelle Ingold  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mr. William Thomas Ingold  
 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased August 14 1886  
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 5  
If less than one day hr. min.

9. Birthplace Center Hill Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -

MOTHER FATHER  
 12. Name J. D. Boles  
 13. Birthplace Unknown **9**  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Green  
 15. Birthplace Unknown **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Earl Ingold  
 (b) Address 3226 Wayne Avenue

17. (a) Burial (b) Date thereof July 19, 1942  
(Burial, cremation, or removal) (City or town) (County) (State) (Year)  
Oak Lawn Cemetery  
 (c) Place: burial or cremation West Plains, Missouri

18. (a) Signature of funeral director O. W. Newcomer, Sons  
 (b) Address 1401 Brush Creek Blvd.

19. (a) 7/19/42 (b) M. H. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 19  
 year 42 hour 1:30 minute PM  
 21. I hereby certify that I attended the deceased from 7-19  
 1942 to 7-19 1942  
 that I last saw her alive on July 19 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death General toxemia  
 Due to Chronic Cholecystitis  
 Due to Hypertrophy of Liver **12 yr**  
 Other conditions General run down condition of body  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: Infection  
Of operations Spinal Chordles + Entailment  
Of autopsy no  
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? Yes (e) Means of injury 2  
 23. Signature J. J. ... (M. D. or other) **DO**  
 Address 811 Chambers Bldg Date signed 7-19-42

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

48  
8/19/42

361

SEP 4 1949

DEC 1 1949

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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. C. Newcomer Jr.*

Licensed Embalmer No.....

*1043*

P. O. Address.....

*K. C. No.*

**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.**