

S. No. 2
DOM-2-43
ev. 5-17-39
-I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2123

FILED JAN 25 1944

State File No. _____
Registrar's No. 19

Registration District No. _____ Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hartsock's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2606 Delaware
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Warren Harley Ingram
3. (b) If veteran, name war _____ 3. (c) Social Security No. 509-09-8282

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 4
year 1944 hour 10 minute 10 P.M.
21. I hereby certify that I attended the deceased from 12-26-43
19____ to 1-4 1944
that I last saw him alive on 1-4 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Ingram 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased July 1 1911
(Month) (Day) (Year)

Immediate cause of death Acute Myocarditis
Due to ill
Due to _____

8. AGE: Years Months Days If less than one day
32 6 3 hr. min.
9. Birthplace Not given Goodland, Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93.0
Major findings: Of operations _____
Of autopsy none

10. Usual occupation Civil Service Work
11. Industry or business Rosecrands Field
12. Name Harvie Ingram
13. Birthplace Nebraska
(City, town, or county) (State or foreign country)
14. Maiden name Gertie Saxon
15. Birthplace Goodland, Kansas
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Fordie White
(b) Address R.F.D.#2
17. (a) Removed (b) Date thereof 1-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Goodland, Kansas
18. (a) Signature of funeral director Alvin W. Seidinger
(b) Address 1802 Union St.
19. (a) 1-5-44 (b) Rae Heagy
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. P. Ferguson (Date, or other) 20
Address 8015 Archer St. St. Joseph Mo. Date signed 1-5-44

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 Herman W. Sidenfaden

Licensed Embalmer No. 2728

P. O. Address St Joseph 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, fact should be so stated above.