

Registration District No. 130

Primary Registration District No. 5463A

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rogersville, Rural, Taylor T.S.
(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 years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Greene

(c) City or town Rogersville, Mo, Rural, Taylor T.S.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Eugene Ingalls

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1943 hour 7 minute A.M.

4. Sex MALE 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: April 12 1851
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 2, 1942 to Dec 12, 1943
that I last saw him alive on Dec 10, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 92 Months 8 Days _____
If less than one day _____ hr. _____ min.

Immediate cause of death: "Flu"

9. Birthplace: ONTARIO CANADA
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Retired Well Driller

Other conditions (Include pregnancy within 3 months of death) 23a

11. Industry or business _____

12. Name UNKNOWN

13. Birthplace _____

14. Maiden name UNKNOWN

15. Birthplace _____

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J.H. Cooke

(b) Address Rogersville, Mo R#3

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? _____

17. (a) Burial (b) Date thereof Dec. 14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK Grove Cem.

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

18. (a) Signature of funeral director Kelley Ferrvill

(b) Address Rogersville, Mo

19. (a) 1/4 (b) Garland Harmon
(Date received local registrar) (Registrar's signature)

23. Signature J.H. Kelley (M. D. or other) _____
Address Rogersville, Mo Date signed 12-22-43

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

39
0
0

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. H. Kelley
Licensed Embalmer No. 3334
P. O. Address Raymond 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.