

Registration District No. 200

Primary Registration District No. 3041

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon  
(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) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town Macon  
(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 Frank Ingram

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color of race White (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) A  husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 30 - 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Edgemo Co Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Clerk

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Ingram

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Mahilda Vernon

15. Birthplace Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Ingram

(b) Address Macon Mo

17. (a) Burial (b) Date thereof Jan 4-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cem

18. (a) Signature of funeral director Robert Skupner

(b) Address Macon Mo

19. (a) 7/13/44 (b) Jora Skupner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2  
year 1944 hour 10 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1938, to June 2, 1944  
that I last saw him alive on June 2, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion sudden

Due to Generalized Arterio-sclerosis 6 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 94a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

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

23. Signature J. F. Turner (M. D. or other) \_\_\_\_\_  
Address Macon Mo Date signed 6-5-44

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

1  
3  
2

**RECEIVED**

District Health Officer No. 10

District File Number 7-44-1281

Date Filed JUL 11 1944

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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 Cortland Minor

Licensed Embalmer No. 3414

P. O. Address Macon 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.**