V. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8639
Registrar's No. 1018

FILED MAR 19 1945

Registration District No. 7/9

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2625 Elma
(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: 30 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City Mo 40
(If outside city or town limits, write "RURAL")
(d) Street No.: 2625 Elma
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Alice Ingerillo
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: Chas Ingerillo
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: July (Month) 18 (Day) 1882 (Year)
8. AGE: Years 62 Months 7 Days 15 If less than one day — hr. — min.
9. Birthplace: Italy (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
12. Name (Father): Jasper Ingerillo
13. Birthplace (Father): Italy (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Vita Motisse
15. Birthplace (Mother): Italy (City, town, or county) (State or foreign country)
16. (a) Informant: Miss Genevieve Ingerillo
(b) Address: 2625 Elma
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/6/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Marys
18. (a) Signature of funeral director: Pamantico Dion
(b) Address: Kansas City Mo
19. (a) 3-3-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1945 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from December 28, 1944, to March 3, 1945 that I last saw her alive on March 5, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	
Due to: Chronic nephritis	3-4 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 13/18	
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: Dri Nigro (M. D. or other) M.D.
Address: 925 Argyle Bldg KC Mo Date signed: 3/7/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. D. M. Nigro
Rault Bldg.

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 Frances Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 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.