S. No. 2
M—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24725

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 24

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Bolivar (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: South Mulberry St 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Bolivar, Mo 1 (If outside city or town limits, write "RURAL")

(d) Street No. South Mulberry 1 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country none

3. (a) PRINT FULL NAME Margaret Jane Inglis

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 1

6. (b) Name of husband or wife Isaac Newton Inglis

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

7. Birth date of deceased Jan. 11, 1859 (Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Dallas County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business House Work

FATHER
12. Name Oliver Coates
13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant W. O. Inglis

(b) Address Bolivar Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, 1945 (Month) (Day) (Year)

(c) Place: Mt. View Cemetery Polk Mo

18. (a) Signature of funeral director Erwin and Blue

(b) Address Bolivar Mo

19. (a) June 22, 1945 (Date received local registrar) (b) Alice Palen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17, year 1945 hour 8:45 minute a. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure

Due to Chronic myocarditis

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations 1 93d
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Willard B. Erwin Coroner (M. D. or other)

Address Bolivar Mo Date signed June 18, 1945

1294

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District File Number 6-45-718
Date Filed 7-26-45

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmyra, 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.