S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42733

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 182

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hosp. # 3 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 yrs 6 months (Specify whether

In this community Same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 38

(c) City or town Kansas City 0 (If outside city or town limits, write "RURAL")

(d) Street No. Puritan Hotel 0 (If rural, give location) 0

(e) Citizen of foreign country? — (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William S. Ingles

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 26 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	1	22	hr. min.

9. Birthplace Denver (City, town, or county) Colorad-1 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Ingles
13. Birthplace Dr. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Ruth A. Fletcher
15. Birthplace Janesville (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Hosp. Reed

(b) Address Nevada, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-18-45 (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth, Kans.

18. (a) Signature of funeral director Mark Eichinger

(b) Address Nevada, Mo.

19. (a) 12-19-45 (Date received local registrar) (b) Kathryn H. Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 18 year 1945 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov. 15, 1938, to Dec 18, 1945 that I last saw him alive on Dec 18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Luetic Heart Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 30 a

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 0

23. Signature Wm. J. Cremer (M. D. or other)

Address Nevada Date signed 12/18/45

1499

(Licensed Embalmer's Statement on Reverse Side)

No. 7

12-45 - 13.03

1-9-46

Date Filed

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 Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.