

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Duncan Nursing Home 4723 So. 11th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
(Specify whether
In this community 6 months:
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph //
(If outside city or town limits, write "RURAL")
(d) Street No. Duncan Nursing Home 723 So. 11th
(If rural, give location) //
(e) Citizen of foreign country? no (Yes or No) //
If yes, name country _____

3. (a) PRINT FULL NAME Frank Victor Ingram

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased April 1 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 6 hr. min.

9. Birthplace Beloit Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Walter E. Ingram

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

14. Maiden name Sarah J. Wisner

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

16. (a) Informant Lewis H. Ingram

(b) Address De Moine, Iowa

17. (a) removal (b) Date thereof 1/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Beloit, Kansas

18. (a) Signature of funeral director *Walter Beale & Bowman*
(b) Address St. Joseph, Mo.

19. (a) Jan. 9 1946 (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7th
year 1946 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 7
1945 to Dec 11 1945
that I last saw him alive on Dec 11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death:
Due to *Exelitis* *1945*
Disease of Prostate *1942*
Due to *Uremia* *20 years*

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

Major findings:
Of operations

Of autopsy

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 *Charles H. Kerner*
Address *221 Kirkpatrick St. St. Joseph, Mo.*

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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[Handwritten signature]

*John D. N. ...
F. ...*

MAY 3 1954

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 John
....., Registered Apprentice No. 4
working under my personal supervision.

Signed Harold Bowman
Licensed Embalmer No. 3619
P. O. Address St. Joseph, 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.