

FILED JUL 29 1947

Registration District No. 34

Primary Registration District No. 4099

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Pleasant Hill  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 yrs  
In this community 20 yrs  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass  
(c) City or town Pleasant Hill  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mary Ingraham

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

4. Sex Fe 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Arson Ingraham 6. (c) Age of husband or wife if alive 25 1867

7. Birth date of deceased Nov 25 1867  
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Paris Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Jerry Whalley

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

14. Maiden name Unknown

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

16. (a) Informant H. H. Mowley

(b) Address Pleasant Hill

17. (a) Burial (b) Date thereof 7-17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director J. W. Hirsch

(b) Address Pleasant Hill 440

19. (a) July 21-1947 (b) Laura J. Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14  
year 1947 hour 9:45 minute 0 M.

21. I hereby certify that I attended the deceased from May 1867 to July 14 1947  
that I last saw her alive on July 14 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Essential hypertension  
with arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83  
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) (e) Means of injury 2

23. Signature James P. Hirsch (M. D. or other) DO  
Address Pleasant Hill Date signed 7-14-47

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

MOTHER FATHER

**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 *J. Dwight Herrick*  
Licensed Embalmer No. *35-99*

P. O. Address *Plasant Hill*

**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.**