S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

33406

State File No. —

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 85

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OCT 15 1947

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ENCLOSE

OCT 15 1947

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 720 E. Gladys 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 About 25 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott 100
(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")
(d) Street No. 720 E. Gladys St. 2
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Delia Grogan Ingram
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 21, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	11	29	hr. min.

9. Birthplace Clinton, Kentucky 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Sam Grogan 9
13. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Griffin
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Iva D. Lewis
(b) Address 116 W. Kathleen
17. (a) Burial (b) Date thereof 9/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood, Kentucky
18. (a) Signature of funeral director John Allenton
(b) Address Sikeston Mo
19. (a) 9-20-47 10-10-47 (b) Mrs T F Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20
year 1947 hour 8 minute 40 A. M.
21. I hereby certify that I attended the deceased from September 18, 1947 to September 18, 1947; that I last saw her alive on September 18, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Thos. O. McClure (M. D. ~~or other~~)
Address Sikeston, Mo Date signed 10-7-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1047-1318
Date Filed 10-13-47

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 John Allretton

Licensed Embalmer No. 2941

P. O. Address Sekeston 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.