. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 12 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Dr. Amos.

Primary Registration District No. 5466

State File No. 41457

Registrar's No. 1119

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Rural, S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Greene County Farm hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: about 11 Months (Specify whether years, months or days)
In this community: 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Greene County Farm Hospital
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Thomas Ira Ingram
3. (b) If veteran, name war: ✓ No
3. (c) Social Security No.: 500-05-4282

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Mrs. Fanny Ingram
6. (c) Age of husband or wife if alive: 25 years
7. Birth date of deceased: October (Month) 25 (Day) 1877 (Year)

8. AGE: Years 70 | Months 1 | Days 29 | If less than one day: hr. min.

9. Birthplace: Miller County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business:
FATHER
12. Name: Ira Ingram
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Ruth Hampton
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: John Sanderson
(b) Address: 1400 East Olive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-27, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood
18. (a) Signature of funeral director: W. L. Dunn
(b) Address: Springfield, Mo.
19. (a) 12-27-47 (Date received local registrar) (b) W. L. Hundley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 24 year: 1947 hour: 9 minute: 30 A. M.

21. I hereby certify that I attended the deceased from Feb 16, 1947, to Dec 24, 1947, that I last saw him alive on Dec 22, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, Chronic — Duration

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:

23. Signature: James R. Amos (M. D. or other) MD
Address: Springfield, Mo. Date signed: 12-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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.....R L McCann.....

Licensed Embalmer No.....2727.....

P. O. Address.....Springfield 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.**