S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41734

FILED DEC 26 1947

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 5149

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

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4215 E. 61st Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 59 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No.: 4215 E. 61st Street 8 (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Alexander INGINO
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white 0
6. (a) Single, widowed, married, divorced: widowed 2
6. (b) Name of husband or wife: Marie Ingino
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 10 (Day) 1862 (Year)

8. AGE: Years 85 | Months 5 | Days ~~16~~ 26 | If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) Italy (State or foreign country) 5
10. Usual occupation: Retired - Owner
11. Industry or business: Monument Company

FATHER
12. Name: Ralph Ingino
13. Birthplace: Unknown (City, town, or county) Italy (State or foreign country) 5

MOTHER
14. Maiden name: Josephine ---
15. Birthplace: Unknown (City, town, or county) Italy (State or foreign country) 0

16. (a) Informant: Mrs. Josephine Conto
(b) Address: 4215 E. 61st St., K.C., Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Mo.
19. (a) 12-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th year 1947 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from January 15th, 1940 to December 6th 1947; that I last saw h. 12 alive on December 6th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	few days
Due to: senility	
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) 0
While at work? (e) Means of injury

23. Signature: J. A. Wiegen (M. D. or other) M.D.
Address: 925 Argyle Date signed: 12-7-47

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.