No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 27 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1143
Registrar's No. 216

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: Residence, 6005 E. 16th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether
In this community 2 months
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. 6005 E. 16th St. 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MR. ARKLEN MORTON INGRAM
3. (b) If veteran, name war none
3. (c) Social Security No. None
4. Sex male C
5. Color or race white
6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife Effie B. Ingram
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept. 17, 1889 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	3	28	hr. min.

9. Birthplace Butler Co., Ky. / (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name William Ingram /
13. Birthplace Unknown, Ky / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Byers /
15. Birthplace Unknown, Ky. / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Edith Cummings
(b) Address 6005 E. 16th St. K. C. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Leitchfield, Ky.
18. (a) Signature of funeral director Geo C Carson
(b) Address Independence, Mo.
19. (a) 1-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1948 hour 10:20 minute P M.
21. I hereby certify that I attended the deceased from Jan. 11th, 1948 to Jan. 15th, 1948
that I last saw him alive on Jan. 15th, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia acute	
Due to	
Due to	
Other conditions Apoplexy (Include pregnancy within 3 months of death) hypertension	
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 James A Brown (M. D. or other) M.D.
Address K-C-mo. Date signed

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. D. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.