No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 3 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10359

Registrar's No. 2744

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Park Lane Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: Fayette

(c) City or town: Vandalia (If outside city or town limits, write "RURAL")

(d) Street No.: RR (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Ida May Kingery

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: William Kingery

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: May (Month) 14 (Day) 1880 (Year)

8. AGE: Years 67 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace: Fayette (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Marion Lawson
13. Birthplace: Fayette (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Caroline Parson
15. Birthplace: Knox (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Juanita Fulton
(b) Address: Vansalia, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Vandalia, Ill.

18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.

19. (a) MAR 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1948 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2-13-48 March 18, 1948 to, 19..; that I last saw her alive on March 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to: Fracture of left femoral neck.

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy:

Duration

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): ACCIDENT
(b) Date of occurrence: February 13, 1948
(c) Where did injury occur? In her home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? See above (Specify type of place)
While at work? (e) Motor injury?

23. Signature: Frank J. Buechner, M.D. (Medical Examiner)
Address: 4930 Lindell Blvd. Date signed: 3/19/48

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 Ernest W. Spillard

Licensed Embalmer No. 4080

P. O. Address.....

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.