

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 112647
Registrar's No. 1717

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948
Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE 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:
3515 1/2 Roberts
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 36 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3515 1/2 Roberts 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country _____

3: (a) PRINT FULL NAME Nettie Ingram
3: (b) If veteran, name war -no
3: (c) Social Security No. -none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19
year 1948 hour 8 minute P M.
21. I hereby certify that I attended the deceased from 7-26-47
4-13-17 to 4-17-17
that I last saw her alive on 3-17-17
and that death occurred on the date and hour stated above

4. Sex fe 5. Color or race white
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Richard E.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 19 1872
(Month) (Day) (Year)

Immediate cause of death Acute dilation of Heart
Intoxication of Stomach
Due to Carburena of Stomach
Due to _____

8. AGE: Years Months Days If less than one day
75 10 0 _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 46X
Major findings:
Of operations _____
Of autopsy no

9. Birthplace Murphysboro Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation Home maker
11. Industry or business At home
12. Name Thomas Woods
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Wilson
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs C.B. McMillan
(b) Address 3515 1/2 Roberts
17. (a) Burial (b) Date thereof 4-21-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah
18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.
19. (a) 4-21-48 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place)
(e) Means of injury ind
23. Signature Th. Cawsey
Address 6416 Dup and Date signed 4-20-48

S. M. Anderson
6520 S. Derby
Be 0756

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 *O. H. McFarland*

Licensed Embalmer No. *4397*

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.