

No. 2  
2-45  
7-39  
X47070

FILED MAY 6 1948

Registration District No. 158

Primary Registration District No. 5572

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Jackson Co. Emergency Hospital  
(If not in hospital or institution, or the street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community 33 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 712 Uxley  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George William Inges, Sr.

3. (b) If veteran, Spanish American (c) Social Security name war World War I No. \_\_\_\_\_

4. Sex m Color or race w

5. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Mary Frances

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 7 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>11</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace Harrison Co., Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation Musician

11. Industry or business \_\_\_\_\_

12. Name Jackson Inges

13. Birthplace Harrison Co., Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Frances Layton

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. W. Inges, Jr.

(b) Address 712 Uxley, K.C., Mo.

17. (a) Burial (b) Date thereof MAY 1 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Grove

18. (a) Signature of funeral director Frank E. Ingham

(b) Address Independence Mo

19. (a) MAY 1 1948 (b) Small C. Emblaw  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29  
year 1948 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from Apr. 26, 1948 to Apr. 29, 1948  
that I last saw him alive on Apr. 29, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute bronchopneumonia Duration 3 days

Due to Chronic pulmonary emphysema  
bronchiectasis

Due to Seriously

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 107

PHYSICIAN

Underline the cause to 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? \_\_\_\_\_

Where at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
Frank E. Ingham, M.D.  
Address Rt. 4, INDEPENDENCE, MO. Date signed 4/30/48

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

MOTHER FATHER

JUN 1 0 1948

JUN 28 1948

• 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.....

*Tom D. Markland*

....., Registered Apprentice No. *40*

working under my personal supervision.

Signed.....

*Lloyd C. Carson*

Licensed Embalmer No. *4199*

P. O. Address..... *Independence*

**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.**