

FILED APR 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. 11171

BIRTH NO. _____		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 4475		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>SCHUYLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>IOWA</u> b. COUNTY <u>VAN BUREN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>LANCASTER</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KEOSAUQUA</u>		13. <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>M</u>		c. (Last) <u>INGWERSEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 25, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 8, 1913</u>	
9. AGE (In years last birthday) <u>36</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>17</u>		IF UNDER 2 HRS. Hours <u>17</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HARDWARE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HARDWARE</u>		11. BIRTHPLACE (State or foreign country) <u>Omaha NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>GROVER INGWERSEN</u>		13b. MOTHER'S MAIDEN NAME <u>Adelina M. Turcotte</u>		14. NAME OF HUSBAND OR WIFE <u>Edith INGWERSEN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Edith Ingwersen</u>		ADDRESS <u>Keosauqua Iowa</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon Monoxide Poisoning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Suicide (suicide)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>609 3A</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at 2nd Bushnell St</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-25-49</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles A. Drake</u> (Degree or title) _____				23b. ADDRESS <u>Greenwood, Mo</u>		23c. DATE SIGNED <u>3-25-49</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>March 28, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fulton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Illinois</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 28 1949</u>		REGISTRAR'S SIGNATURE <u>Charles A. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett R. Neal</u>		ADDRESS <u>Lancaster, Mo</u>	

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

Ernest R. Head
Lancaster, Mo.

RECEIVED

District Health Officer No. 1

District File Number 4-47-6

Date Filed APR 5 - 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Ernest R. Head*

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.