FILED JUN 15 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16414

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 425 b Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holden
c. LENGTH OF STAY (In this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Holden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holden
d. STREET ADDRESS (If rural, give location): Niagara St.

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Isabell
c. (Last): Ingram.

4. DATE OF DEATH (Month) (Day) (Year): 6-3-1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: 12 Aug 1855
9. AGE (In years last birthday): 93-9-21 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Johnson County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: George Moseley
13b. MOTHER'S MAIDEN NAME: Nancy Bolden.
14. NAME OF HUSBAND OR WIFE: James Edward Ingram.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ben Ingram, Holden, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Gen. Arteriosclerosis — 4-2-2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1938, *to* June 3, 1949, *that I last saw the deceased alive on* June 3, 1949, *and that death occurred at* 11:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Kelly Rawlins (Degree or title): M.D.
23b. ADDRESS: Holden Missouri
23c. DATE SIGNED: 6/4/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-6-49
24c. NAME OF CEMETERY OR CREMATORY: Duncan
24d. LOCATION (City, town, or county) (State): Johnson County, Mo.

DATE REC'D BY LOCAL REG.: June 7, 1949
REGISTRAR'S SIGNATURE: Mrs G W Redford
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E. B. CAST HOLDEN MO. E B Cast

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 8 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 E B Cast

Licensed Embalmer No. 4059

P. O. Address Holden, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.