

FILED JUN 7 1950 STANDARD CERTIFICATE OF DEATH

State File No. 15765

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 437

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAVANNAH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAVANNAH</u> 0021	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>101 West main</u>		d. STREET ADDRESS (If rural, give location) <u>101 Westmain</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>Clifford</u> c. (Last) <u>Ingram</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-16-1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8-29-1878</u>
9. AGE (In years last birthday) <u>71</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>nodaway com o</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Walter Ingram</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Singrey</u>	
13c. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <u>Bertha Ingram</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. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Ingram</u>		ADDRESS <u>8 1/2 W. 1st St</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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.			<u>49DX</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		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 <u>May 11, 1950</u> , to <u>May 16, 1950</u> , that I last saw the deceased alive on <u>May 15, 1950</u> , and that death occurred at <u>12:20 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Arthur M. D.</u>		23b. ADDRESS <u>Savannah, Mo.</u>	
23c. DATE SIGNED <u>5-17-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-18-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>		24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u>	
DATE REC'D BY LOCAL REG. <u>5-16-50</u>		REGISTRAR'S SIGNATURE <u>Lillian Spurts</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u>		ADDRESS <u>SAVANNAH MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 305  
10-48

021



JUN 7 1950

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.

Signed E. C. Breit

Signed.....  
Student Embalmer

Licensed Embalmer No. 2650

P. O. Address Savannah 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.