

FILED OCT 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30807**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725** Registrar's No. **100**

610

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

1. PLACE OF DEATH a. COUNTY Macon Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ill b. COUNTY Cook	
b. CITY OR TOWN Mora/Hudson		c. CITY OR TOWN Chicago	
c. LENGTH OF STAY (in this place) 4-3-10		8130	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. El-Heldeth par		d. STREET ADDRESS (If rural, give location) 550 Melrose Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Mrs Jane B b. (Middle) Ingersoll c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 9 3 1951
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 10, 1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 11 Days 23	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Geneseo, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Buckles	13b. MOTHER'S MAIDEN NAME Maria Cady	14. NAME OF HUSBAND OR WIFE George B Ingersoll
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Harold B. Ingersoll	ADDRESS Chicago Ill
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure		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) Senile Psychosis		
	DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 **May 27, 1949**, to **Sept 3, 1951**, that I last saw the deceased alive on **Sept 3, 1951**, and that death occurred at **8:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hanna L. Mauck D.O.	23b. ADDRESS 2 Macdon Mo	23c. DATE SIGNED 9-3-51
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24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE 9/3/51	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Chicago Ill.
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DATE REC'D BY LOCAL REG. 10/5/51	REGISTRAR'S SIGNATURE Keith Mcneely	185	25. FUNERAL DIRECTOR'S SIGNATURE Albert Skurmer	ADDRESS Macdon Mo
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NOV 30 1951

RECEIVED 10.11.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 10.51.164
Date Filed 10.11.51

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Thos. L. Bell*

Signed.....
Student Embalmer

Licensed Embalmer No. *4552*

P. O. Address *Macon, Me.*

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.