

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 11 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

38976  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Bonne Registration District No. 73  
 (b) Township Columbia Primary Registration District No. 3006  
 (c) City Columbia (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 20 yrs. mos. da. (f) How long in U. S., if of foreign birth? na mos. da.

## 2. PRINT FULL NAME

Rosa Russell Ingels  
 (a) Residence, No. 1204 E. Broadway St. ☐ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Geo. A. Ingels  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1859  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 2 8  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Emmence, Ky. (STATE OR COUNTRY)

13. NAME John D. Russell  
 14. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)

15. MAIDEN NAME Fanny Giltner  
 16. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)

17. INFORMANT Bonne Ingels (ADDRESS) Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Pleasant Hill DATE Nov. 24 1939

19. FUNERAL DIRECTOR (NAME) J. M. C. Galt (ADDRESS) Parish

20. FILED 11/22/39 Allie Selby Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-22- 1938 to 11-21- 1939

I last saw him alive on 11-21- 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Bundle Block, L. & T.

Date of onset  
1938

Other contributory causes of importance:

Chronic Rhegocorditis  
Do not report

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? X Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

(Signed) W. R. Bryant M. D.  
 (Address) Columbia, Mo.

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Tom McHarg Jr.

Licensed Embalmer No. 4087

P. O. Address Columbia, 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, above space should be left blank.**