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WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

FILED JAN 17 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42769

State File No.

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 291

1. PLACE OF DEATH:
(a) County Independence
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days _____

3. (a) PRINT FULL NAME Frank J. Ingram
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hallie E. Ingram 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Feb. 20 - 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace: Rhone, Co. West Vir. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Ins. Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Albert J. Ingram
13. Birthplace Rhone Co. W. Vir. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Harbaugh
15. Birthplace Rhone Co. West Vir. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hallie E. Ingram
(b) Address Independence, Mo.

17. (a) Burial (b) Date thereof Nov. 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation W. Washington Cem

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.

19. (a) Nov 25 1940 (b) F. D. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limit, write "RURAL")
(d) Street No. 1824 Gordon
_____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1940 hour 4 minute 10A M.
21. I hereby certify that I attended the deceased from Nov. 20 1940 to Nov. 24 1940;
that I last saw him alive on Nov. 24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis
Rupture of general peritoneum
thru
Due to Operated & drained 5 days
Due to _____ 1 1/2
Other conditions Carotid atherosclerosis - 3 days
(Include pregnancy within 3 months of death)

Major findings: Rupture appendix
general peritonitis
Of operations _____
Of autopsy No autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 360
_____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature A. H. Allen (M. D. or other) MD
Address Independence, Mo. Date signed 11-25-40

Duration
Physician
Underline the cause to which death should be charged statistically.

RECEIVED

Jackson County Health Dept.,

County File Number _____

Date Filed _____

As seen

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.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 3156

P. O. Address Independence 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.