

No. 2  
-542  
-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10330

State File No. ....

Registration District No. 1943 7

Primary Registration District No. 5514

Registrar's No. 66

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town Rural Osage Twp  
(c) Name of hospital or institution:  
1 Mi. E of Brownington  
(d) Length of stay: In hospital or institution 7 yrs  
In this community 7 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HENRY  
(c) City or town DYOWNINGTON  
(d) Street No. ....  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Pierce Ingram

3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Estella Ingram 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased 11 20 1873

8. AGE: Years 68 Months 4 Days 1 If less than one day hr. .... min. ....

9. Birthplace Not Known TENN 1

10. Usual occupation Minister

11. Industry or business  
12. Name Mosley Ingram  
13. Birthplace Not Known 9  
14. Maiden name Gmolina Goff  
15. Birthplace Not Known 9

16. (a) Informant Gstella Ingram  
(b) Address Brownington, Mo.  
17. (a) BURIAL (b) Date thereof 3-22-43  
(c) Place: burial or cremation DYOWNINGTON GEM.

18. (a) Signature of funeral director Edilkinsky  
(b) Address 225 N. MAIN, Clinton, Mo  
19. (a) March 22, 1943 (b) Georgia Kitchen

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1943 hour 8:50 minute A.M.  
21. I hereby certify that I attended the deceased from 3/19 1943 to 3/21 1943  
that I last saw him alive on 3/19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema  
Due to Myocardial failure  
Due to Mitral disease  
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None  
Of autopsy None

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?

23. Signature E. C. Keeler (M.D. or other) MD  
Address Clinton, Mo Date signed 3/22/43

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

MOTHER FATHER

1069 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Office No. 7  
District File Number 8-43-110  
Date Filed 4-12-43

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

Signed Ed Walker  
Licensed Embalmer No. 7417  
P. O. Address Edwards

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.