

Primary Registration District No. 4217

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

1. PLACE OF DEATH:

(a) County Henry Mo

(b) City or town Urish Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 80 yrs
years, months or days

3. (a) PRINT FULL NAME MARY E. INGHAM

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB 28 1856
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Jonathan Ingham

13. Birthplace Chillicothe Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Carver

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Bruce
(b) Address Urish Mo

17. (a) Burial (b) Date thereof 11-1-45
(Burial, cremation, or removal) (Month) (Day), (Year)

(c) Place: burial or cremation White Oak

18. (a) Signature of funeral director W. J. Brewer
(b) Address Urish Mo

19. (a) Nov-2-45 (b) W. J. Brewer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Urish
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1945 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 22, 1945 to Oct 25, 1945
that I last saw him alive on Oct 25, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic cerebral hemorrhage

Due to hypertension for 10 or more years

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 830
Of 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Sulphur (M. D. or other)
Address Urish Mo Date signed 11-1-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

APR 3 1946

RECEIVED
District Health Officer No. 7,
District File Number 11-45-1170
Date Filed 12-6-45

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 R. R. Kenney
Licensed Embalmer No. 3099
P. O. Address Clinton, 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.