

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 3 1945
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF BIRTH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2225 Woodland ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Henry Ingram
 (b) If veteran, name was no
 (c) Social Security No. none

4. Sex M Cal
 5. Color or race Cal
 6. (a) Single, widowed, married, divorced Single
 6. (c) Age of husband or wife if alive none
 7. Birth date of deceased Oct 25 1868
 (Month) (Day) (Year)

8. AGE: Year 76 7 Months 6 Days 3
 If less than one day 1 hr. 1 min.

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

10. Usual occupation Janitor

11. Industry or business

12. Name Ingram

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

14. Maiden name Unknown

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

16. (a) Informant HEM
 (b) Address 1820 E 18 St

17. (a) Burial (b) Date thereof 4-28-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Atchison
 (b) Address 1820 E 18 St

19. (a) 4-28-45 (b) Seraldine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kansas City 48
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2225 Woodland ave
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
 year 1945 hour 3:00 minute P. M.

21. "I hereby certify that I attended the deceased from 4/21/45 to 4/28/45
 that I last saw him alive on 4/28/45
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insuff. premy premy
 Duration 4 days

Due to Essential Hypertension?

Due to 95C³

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

Major findings: no
 Of operations

Of autopsy no

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 no

23. Signature M. D. O'Brien (M. D. or other)
 Address 2131 E. 24th Date signed 4/28/45

[Handwritten scribbles]

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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 *HB Moore*

Licensed Embalmer No. *2410*

P. O. Address *1820 E 180th*

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.