

MO 15 23 18 49

Registration District No. 755

Primary Registration District No. 6101

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE a. STATE Kentucky b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write BURIAL and give township) OR TOWN Louisville, Ky.		c. CITY (If outside corporate limits, write BURIAL and give township) OR TOWN Mount Sterling	
c. LENGTH OF STAY (In this place) 83		d. STREET ADDRESS (If rural, give location) Box 99	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.		4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1950	
3. NAME OF DECEASED a. (First) JOSEPH (Type or Print) b. (Middle) HET c. (Last) INGRAM JR.		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 12, 1927		9. AGE (In years last birthday) 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Parts manager		10b. KIND OF BUSINESS OR INDUSTRY unknown	
11. BIRTHPLACE (State or foreign country) Middletown, Ohio		12. CITIZENSHIP OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph Sr.		14. MOTHER'S MAIDEN NAME Violet Gross	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes) <input checked="" type="checkbox"/> (No) <input type="checkbox"/> (If yes, specify service) Pacific		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT Veterans Administration Hospital Records		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Glomerulo-nephritis INTERVAL BETWEEN ONSET AND DEATH 2 yrs. ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, atony, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION L10 X - 109 - 21	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 28, 1950, to Dec. 18, 1950, and that death occurred at 2:10 A.M., from the causes and on the date stated above.			
23a. DATE SIGNED 12-19-50		23b. ADDRESS VA Hospital, Louisville, Ky.	
23c. SIGNATURE R.R. Kaplan M.D., Chief of Prof. Services		(Degree or title)	
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-20-50	
24c. NAME OF CEMETERY OR CREMATORY unknown		24d. LOCATION (City, town, or county) (State) Montgomery Co., Ky.	
25a. DATE REC'D BY LOCAL REG 12/22/50		25b. REGISTRAR'S SIGNATURE	
25c. FUNERAL DIRECTOR		ADDRESS Forsyth Funeral Home 711 N. 1st St., Louisville, Ky.	