V. S. No. 2
M—11-10-39
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21510

FILED JUL 12 1940

Registration District No. 185 — Primary Registration District No. 5258 — Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Christian ~~Tarkio~~

(b) ~~City or town~~ Sparta, ~~Missouri~~ R.R.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Two Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. Strafford, Missouri
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Isaiah Inmon Sr. 550

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased May (Month) 5 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
80	1	21	hr. min.

9. Birthplace Greene County, Mo. (City, town, or county) _____ (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

FATHER
12. Name James I. Inmon
13. Birthplace unknown (City, town, or county) _____ (State or foreign country)

MOTHER
14. Maiden name Sarah Gilmore
15. Birthplace unknown (City, town, or county) _____ (State or foreign country)

16. (a) Informant Martha Inmon
(b) Address Sparta, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 28 (Day) 1940 (Year)
(c) Place: burial or cremation Patterson cemetery

18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark, Missouri

19. (a) 6-27-40 (Date received local registrar) (b) Josephine Merritt (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1940 hour 8 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__; that I last saw h_____ alive on _____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to Pulmonary Tuberlocius.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature T. W. Maples (M. D. or other) Coroner
Address Clever, Mo. Date signed 6-27-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 740-1491
Date Filed JUL 5 1940

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~~ Myself, Maurice Chaffin, Registered Apprentice No. ____, working under my personal supervision.

Signed Maurice Chaffin

Licensed Embalmer No. 4118

P. O. Address Ozark, Missouri

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.