

DEPARTMENT OF COMMERCE  
BUREAU OF THE REGISTRY  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35497

State File No.

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 270

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1025 S. Pleasant 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution --  
(Specify whether  
In this community 32 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1025 S Pleasant  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Matilda Inman  
3. (c) Social Security No. None  
8. (b) If veteran, name war None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George B. Inman 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Jan. 12, 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 9 19 hr. min.

9. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker 1

11. Industry or business -- 0

12. Name Nelson Welker  
18. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Wilford  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. B. Inman  
(b) Address 1025 S. Pleasant, Indep. Mo.

17. (a) Burial (b) Date thereof Nov. 2-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mound Grove, Cemetery, Indep. Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.  
(b) Address 2825 Indep. Blvd, K.C. Mo.  
19. (a) Nov. 2 40 (b) F. L. Cook M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31  
year 1940 hour 12 minute 30 P.M.  
21. I hereby certify that I attended the deceased from October 23rd, 1939 to Oct. 30, 1940  
that I last saw her alive on Oct. 28, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary  
Sclerosis  
Congestive Heart Failure 3d.  
Hypertensive  
Pathumonia 1d.

Other conditions (Include pregnancy within 3 months of death) 94 lb

Major findings: Of operations \_\_\_\_\_  
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? Indep. Mo.

23. Signature Charles Grubke (M. D. or other) 1  
Address Independence, Mo. Date signed 11/1/40

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

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5  
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Dr. Chas. Grabske

1314 W. Van Buren

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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

*H. D. Blackman*

Licensed Embalmer No.

*3639*

P. O. Address

*R. C. 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, above space should be left blank.