

0-2
13-40
7-39
X23159

Registration District No. 28

Primary Registration District No. 3017

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH: Grundy
 (a) County Grundy
 (b) City or town TRENTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: SP2 - WEST - 44 Terrace
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 80 years (Specify whether years, months or days)
 In this community 80 years

2. USUAL RESIDENCE OF DECEASED: 040
 (a) State MISSOURI (b) County Grundy
 (c) City or town TRENTON
 (If outside city or town limits, write "RURAL")
 (d) Street No. 502 - WEST 4th TERRACE
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Inman
 (b) If veteran, name war _____ (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 6th
 year 1941 hour 10:40 minute A M.

4. Sex Male 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lydia Inman
 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased May 15, 1861
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 2, 1941, to July 6, 1941;
 that I last saw him alive on July 6, 1941;
 and that death occurred on the date and hour stated above.

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

Immediate cause of death Acute Broncho pneumonia
 (Following a cold.) acute
 Due to Congestive and acute Bronchitis
 Due to 101

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

Other conditions Pernicious Anemia
 (Include pregnancy within 3 months of death) 2 yr 3 mos

10. Usual occupation Drayman Retired
 11. Industry or business Dray
 12. Name John Inman
 13. Birthplace Trenton Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Marquet Ann Kempf
 15. Birthplace Trenton Missouri
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Leora Ellis
 (b) Address Trenton, Mo.
 17. (a) Burial (b) Date thereof 7-8-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Method of burial
 18. (a) Signature of funeral director Raymond A. Davis
 (b) Address Trenton, Mo.
 19. (a) 7-8-41 (b) Frederic J. Davis
 (Date received local registrar) (Registrar's signature)

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 E. A. Duffley (M. D. or other) D
 Address Trenton, Mo. Date signed July 7, 1941

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

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
.....
working under my personal supervision.

....., Registered Apprentice No.

Signed *Clifford Oberg*.....

Licensed Embalmer No. *3423*.....

P. O. Address *Prenton mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.