

No. 2
1-4-41
17-39
X22560

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37867

FILED DEC 10 1941
35

State File No.

Registration District No.

Primary Registration District No. 1001

Registrar's No. 1061

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 4 days
(Specify whether years, months or days)
In this community 18 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2122 South 14th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mark Inman

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rebecca Inman 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased July 28, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 13 hr. min.

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

10. Usual occupation Railroad Car Repairer

11. Industry or business Railroad

12. Name John Inman

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

14. Maiden name Martha Roper

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

16. (a) Informant Stuart Inman

(b) Address Kansas City, Mo.

17. (a) Removal (b) Date thereof Nov. 7, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wathena, Kansas.

18. (a) Signature of funeral director A. D. Sedds

(b) Address Wathena, Kansas

19. (a) Nov. 7, 1941 (b) J. G. Nestle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6
year 1941 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7/11
1941, to Nov 8 1941
that I last saw him alive on Nov. 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Jaw
(mandible) Duration 1 yr.

Due to

Due to

Other conditions 45d
(Include pregnancy within 3 months of death)

Major findings: none
Of operations

Of autopsy none

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?

(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

Signature Jacob Kulowski (M. D. or other) M. D.
Address St. Joseph, Mo. Date signed 11/7/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Licensed Embalmer No.

P. O. Address.....

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.