S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1942

Registration District No. 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 17527

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------- (Specify whether

In this community All his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff, (If outside city or town limits, write "RURAL")

(d) Street No. 907 Fairmont St. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country ----------

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3. (a) PRINT FULL NAME JAMES HENRY INMAN

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Mrs. Willie Inman

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 7, (Day) 1861 (Year)

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

9. Birthplace Butler County, (City, town, or county) Missouri D (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business ----------

FATHER
12. Name Andrew Jackson Inman
13. Birthplace (City, town, or county) Tennessee / (State or foreign country)

MOTHER
14. Maiden name Ellen Tilley
15. Birthplace (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant Charles Cantrell

(b) Address 907 Fairmont St., Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. (Month) 10, (Day) 1942 (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director Frank Mortuary

(b) Address 412 Vine St., Poplar Bluff, Mo.

19. (a) 4-9-1942 (Date received local registrar) (b) Belle Kenne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th. year 1942 hour 5:00 minute 55 A. M.

21. I hereby certify that I attended the deceased from April 4, 1942, to April 8, 1942; that I last saw him alive on April 7, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	4 days.
Due to Hypertensive Heart Disease and	
Due to arteriosclerosis.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None.

94a

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 A. F. Brookman M.D. (M.D. or other)

Address Poplar Bluff Mo Date signed 4-9-42

42 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 542 - 602
Date Filed 5 - 13 - 42

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 xxxx .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Grover W. Green

Licensed Embalmer No. 2964

P. O. Address 412 Vine St., Poplar Bluff

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.