

BUREAU OF THE CENSUS
FILED SEP 1942

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 223

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence (City)

(c) Name of hospital or institution: Home-129 So. Park Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 129 So. Park Ave
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME George B. McClellan Inman

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1942 hour 6 minute 5 P.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 16, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 23, 1942 to Aug 19, 1942
that I last saw him alive on Aug 19, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 9 Days 22
If less than one day hr. _____ min. _____

Immediate cause of death Arteriosclerosis
senile dementia
incontinence + cachexia

9. Birthplace unknown Indiana
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 162 a

10. Usual occupation Foundryman

11. Industry or business Indep. Stove and Furnace Co.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER {

12. Name John J. Inman

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

14. Maiden name Lavinia Lewis

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

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

16. (a) Informant Bertha E. Adcock

(b) Address 1025 So. Pleasant, Indep. Mo.

17. (a) Burial (b) Date thereof 8-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director James Wilson

(b) Address 214 N. Spring St. Indep. Mo.

19. (a) 8-22-42 (b) James Wilson
(Date received local registrar) (Registrar's signature)

23. Signature B. H. Allen (M. D. or other) MD
Address Independence, Mo. Date signed 8-27-42

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, or by *by me*

working under my personal supervision.

Registered Apprentice No. _____

Signed *L. Latta*

Licensed Embalmer No. *2632*

P. O. Address *2147 Spring Valley*

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.