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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1942

Registration District No. 316

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31235

Primary Registration District No. 6075

Registrar's No. 114

1. PLACE OF DEATH:

(a) County ST FRANCOIS

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

(c) Name of hospital or institution: [illegible]
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St FRANCOIS 94

(c) City or town FARMINGTON- RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME DAVID U. INMAN

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Sept (Month) 6 (Day) 18 70 (Year)

8. AGE: Years 72 | Months | Days 4 | If less than one day ..... hr. ..... min.

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

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name JESSIE INMAN
13. Birthplace ..... (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name EMALINE VANCE
15. Birthplace ..... (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant OBIE INMAN
(b) Address FARMINGTON ROUTE FOUR

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept 12 1942 (Month) (Day) (Year)
(c) Place: burial or cremation SEBASTAIN

18. (a) Signature of funeral director J.S. BOYER & SON
(b) Address LEADWOOD MO

19. (a) Sept 12 1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1942 hour 10 minute — M.

21. I hereby certify that I attended the deceased from July 26, 1942 to Sept 10, 1942
that I last saw him alive on Sept 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Chronic Prostatitis

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93d

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 R. Applebury 0 (M. D. or other)

Address Farmington Mo Date signed 7-11-42

1196 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1042 - 1231

Date Filed 10-13-42

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, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Ladwood 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, fact should be so stated above.