18339

No. 2
1—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1943

Registration District No. 200

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2729

State File No.

Registrar's No. 50

1. PLACE OF DEATH:
(a) County Macon, Mo.
(b) City or town rural Ten mile
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) y
If yes, name country

3. (a) PRINT FULL NAME Charlie Inman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Mary Inman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 12 (Day) 1864 (Year)

8. AGE: Years 78 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Macon Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business

MOTHER FATHER
12. Name Aldrich Inman
13. Birthplace Ohio (City, town, or country) / (State or foreign country)
14. Maiden name Jane Parameter
15. Birthplace Ohio (City, town, or country) / (State or foreign country)

16. (a) Informant Claud Inman
(b) Address Macon, Mo, R1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion Cem, Macon Co
18. (a) Signature of funeral director Stephens & Goodding Mo
(b) Address Macon, Mo.
19. (a) 5-27-43 (Date received local registrar) (b) Tora B. Gunter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May. day 8th year 1943 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 4, 1943, to May 8, 1943, that I last saw him alive on May 6, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis — 18 mos.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 93d
Major findings:
Of operations
Of autopsy

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 D. L. Harlan MD (M.D. or other)
Address Clarence Mo Date signed May 13 1943.

137 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-978
Date Filed JUN 7 1943

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 O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.