

FILED FEB 2 1946
Registration District No. **158**

Primary Registration District No. **5572**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County E. Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 5 days
In this community 70 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Sugar Creek Blvd
(If outside city or town limits, write "RURAL")
(d) Street No. Route 9 - Kansas City
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dizana Bell INMAN

3. (b) If veteran, name war now 3. (c) Social Security No. None

4. Sex Female 5. Color or race wh. 6. (a) Single, widowed, married, divorced 7
6. (b) Name of husband or wife David Inman 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased August 29 1876
(Month) (Day) (Year)

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

9. Birthplace California Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Harris
13. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Pauline
15. Birthplace Stewart Co. Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Harley Inman (son)
(b) Address Sugar Creek, Missouri
17. (a) Rural (b) Date thereof 12-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Zion Cem.

18. (a) Signature of funeral director Geo. C. Carson Jun. 1444
(b) Address Independence Mo

19. (a) 12/18/45 (b) David Bell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13th
year 1945 hour 11 minute 00 A.M.
21. I hereby certify that I attended the deceased from 12-8-45
to 12-12-45
that I last saw her alive on 12-12-45
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Decomposition
arteriosclerosis
Due to arteriosclerosis

Due to _____
Other conditions (include pregnancy within 3 months of death) a

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?
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 1401 1/2 Plaza Med Bldg Date signed 12/18/45

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

100430

133

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 George C. Larson
Licensed Embalmer No. 2249
P. O. Address Independence 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.