

S. No. 4-542
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36713

State File No.

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 904

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Rural, S. Campbell Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OSARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Bois D'Arc
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Ronald Carl Inman

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race White 6. (a) Single, widowed, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 10 years

7. Birth date of deceased: Nov. 10 1946
(Month) (Day) (Year)

8. AGE: Years = Months = Days = 2 If less than one day hr. min.

9. Birthplace: Springfield Mo
(City, town or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Louis C Inman

13. Birthplace Nixa Mo
(City, town, or county) (State or foreign country)

14. Maiden name Wanda Lucile Inman

15. Birthplace Nixa Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Louis C Inman

(b) Address Nixa Mo

17. (a) Buried (b) Date thereof 11-13-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McConnell

18. (a) Signature of funeral director Ed Dunn

(b) Address Springfield Mo

19. (a) 11-14-46 (b) W. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th
year 1946 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 10
1946 to Nov 12 1946;
that I last saw him alive on Nov 11 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Condition

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159E
Of autopsy

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? 3

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

23. Signature Homer F. Math (M. D. or other) MD.
Address Asal Home, Mo Date signed 11/12/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.