

FILED MAR 7 1947

State File No.

Registration District No. 770

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wallace Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hrs
(Specify whether years, months or days) entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Lebanon (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. # 5
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OPAL MAY INMON

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

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife L. M. Inmon 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased June 26 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 7 26 hr. min.

9. Birthplace Washburn Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER
12. Name Robert Harrison
13. Birthplace Berryville Ark
(City, town, or county) (State or foreign country)
14. Maiden name Mary Stewart
15. Birthplace Washburn Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant L. M. Inmon
(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof 2-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Pond

18. (a) Signature of funeral director W.E. Holman
(b) Address Lebanon Mo.

19. (a) Mar 1947 (b) W.E. Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1947 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from Feb. 3, 1947, to Feb. 22, 1947.
That I last saw her alive on Feb. 22, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death
Pericarditis with Effusion Duration 3 wks
Due to Respiratory Infection Type undetermined 3 wks
Other conditions (Include pregnancy within 3 months of death)

Major findings: 0
Of operations 0
Of autopsy 0
PHYSICIAN 0
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 0
23. Signature Paul J. ... (M. D. or other)
Address Lebanon, Mo. Date signed Feb 25, 1947

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

3-1-2

Received 3/5/47
Laclede County Health Unit
File No. 2/47/28
Date Filed 3/5/47

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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, 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.