No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Feller 37817
State File No.

FILED NOV 17 1947
Registration District No. 2

Primary Registration District No. 5456

Registrar's No. 28

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Rural Wilson Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route # 8 Box 560 Spfld. Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Rural Springfield (If outside city or town limits, write "RURAL")
(d) Street No.: Route # 8 Box 560 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

39
3
0

3. (a) PRINT FULL NAME: Grace Elliot Inmon
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 27 (Day) 1887 (Year)

8. AGE: Years 60 Months 4 Days 26 If less than one day hr. min.

9. Birthplace: Greene County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Home
11. Industry or business:
FATHER 12. Name: J.E. Inmon
13. Birthplace: Greene County (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name: Vergilla Buckmaster
15. Birthplace: Unknown (City, town, or county) Indiana 1 (State or foreign country)
16. (a) Informant: C.H. Inmon
(b) Address: Route # 8 Spfld. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Patterson, Cem.
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 10-20-1947 (Date received local registrar) (b) Florence Reitzin (Registrar's signature) 10-5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1947 hour 10 minute 30a.m.
21. I hereby certify that I attended the deceased from 8-30 1947, 19.47 to 10/23/ 19.47 that I last saw her alive on 10/21/ 19.47 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis with acute Heart failure — Duration: 2 mo
Due to:
Due to:
Other conditions: Carcinoma Metastasis (Include pregnancy within 3 months of death)
Original origin of Malig
Major findings:
Of operations: Not bout
Of autopsy: 50

PHYSICIAN — Underline the cause of 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: 0
23. Signature: C. E. Feller (M. D. or other)
Address: Springfield Mo. Date signed: 10/23/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 47-11-87
Date Filed 11-15-47

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.

This body was not embalmed.

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.