

No. 2  
-1/47  
-17-39

National Office of Vital Statistics  
FILED JAN 13 1948  
Registration District No. 2

Primary Registration District No. 5816

1. PLACE OF DEATH:

(a) County Morgan Co

(b) City or town Rural Rickland  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Entire Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Morgan 71

(c) City or town Rural b  
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mi W. Atterville mo 0  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country native

3. (a) PRINT FULL NAME GEORGE WILLIAM HOMAN

3. (b) If veteran, name war none

3. (c) Social Security No. 489-28-3573

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edith Homan

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 23 1889  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1948 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from Dec 31 1947 to Jan 1 1948  
that I last saw him alive on Dec 31 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy 23 hrs  
Duration

8. AGE: Years Months Days If less than one day

59 4 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Morgan Co - mo (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business public

12. Name John Richard Homan 0

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

14. Maiden name Nancy Adeline Maness

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

16. (a) Informant Edith Homan

(b) Address Atterville mo

17. (a) Burial (b) Date thereof 1-4-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 300 Cemetery Atterville mo

18. (a) Signature of funeral director Jessie E. Richards

(b) Address Atterville mo

19. (a) Jan 6th 1948 (b) W. L. Rippinger  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: g 3rd

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 0

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

23. Signature T. H. Toole (M. D. or other) M.D.

Address Atterville mo Date signed 1/2 48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 12-27-273

Date Filed 1-12-48

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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

*Jemell E. Richards*

Licensed Embalmer No. 2466

P. O. Address Tipton, Ind

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.