

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1948

Registration District No. 137

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3023

State File No. 32698

Registrar's No. 228

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Netzel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 2 days

3. (a) PRINT FULL NAME Robert Edward Inskip

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife. na 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 19 1873
(Month) (Day) (Year)

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

9. Birthplace Champaign Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Own farm

12. Name Richard Inskip

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

14. Maiden name Margaret Baskett

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

16. (a) Informant Howard Inskip

(b) Address Appleton City, Mo.

17. (a) Burial (b) Date thereof 11-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kiddo Chapel

18. (a) Signature of funeral director F. B. Baskrick

(b) Address Oceola, Missouri

19. (a) 11-6-48 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature) (1948)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Oceola "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? na (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1948 hour 8 minute 35 A.M.

21. I hereby certify that I attended the deceased from Nov. 1
1948 to Nov. 2, 1948;
that I last saw him alive on Nov 2, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to arteriosclerosis

Due to lobar pneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108

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?

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

23. Signature Nov 8 1948 (M. D. or other)
Address Clinton Mo. Date signed 11/3/48

RECEIVED

District Health Officer No. 7,

District File Number 10-48-128

Date Filed 11-8-28

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.....

J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address.....

Osceola, 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.