

U.S. No. 3000-10-47 Rev. 5-17-39 I 3906

40984

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 13 1949

Registration District No. 267

Primary Registration District No. 5900

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution County Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tom F. Inlow

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd year 1948 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from November 1st 1948 to Dec 22 1948

that I last saw him alive on December 21 1948 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

Immediate cause of death Coronary
Arteriosclerosis
Myocardial Infarction

Duration 3 1/2 hrs

8. AGE: Years About 74 Months - Days - If less than one day hr. _____ min. _____

Due to Arteriosclerosis

Due to Sanitary

9. Birthplace Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation County Home

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

Major findings: Of operations g 301

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Dewey Randolph

(b) Address Hayti, Mo.

17. (a) Burial (b) Date thereof 12-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Mo.

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? _____

18. (a) Signature of funeral director John W. Gorman

(b) Address Hayti, Mo.

19. (a) 12/20/48 (b) John W. Gorman
(Date received local registrar) (Registrar's signature) (M.D. or other)

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature S. B. Reesher (M. D. or other)

Address Cantharville, Mo. Date signed 12-27-48

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

1-49-22

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.

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.