

FILED FEB 5 1943 164

Primary Registration District No. 30-2-3-3032

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(c) Name of hospital or institution:
420 Grover St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town Clinton Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 74th (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ethel Wildie Inlao

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Jan day 9 year 1943 hour 1:00 A.M. M.

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

21. I hereby certify that I attended the deceased from Sept 2 1943 that I last saw him or her alive on Oct 12 1943 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Harley (c) Age of husband or wife if alive 5 years

Immediate cause of death Uraemia Duration 4 dec

7. Birth date of deceased 4-14-1878 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 25 If less than one day _____ hr. _____ min.

Due to Hypertension

9. Birthplace Monetta Co Mo (City, town, or county) (State or foreign country)

Due to Physic Interstitial nephritis

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 13/a

MOTHER FATHER

11. Industry or business _____

12. Name Geo Allen

13. Birthplace Monetta Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Sarah Shanklin

15. Birthplace Monetta Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Harold Inlao (b) Address Clinton Mo

17. (a) Burial (b) Date thereof 1-12-43 (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Club

18. (a) Signature of funeral director Ed Williams (b) Address Clinton Mo

Major findings: Of operations none Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

19. (a) Jan 11, 1943 (b) Lola M. Williams (Date received local registrar) (Registrar's signature)

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 _____
23. Signature Ed Williams (M. D. or other) Clinton Mo Address Date signed 1/9/43

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-4-43

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 _____

Licensed Embalmer No. 2478

P. O. Address Cleveland 9th

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.