

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED JAN 21 1946 STANDARD CERTIFICATE OF DEATH

State File No. 2860

Registration District No. 137

Primary Registration District No. 5503

Registrar's No. 200

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural Bethlehem Twp
(c) Name of hospital or institution:
at Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 70 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42
(c) City or town Bethlehem Twp
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or, No)
If yes, name country.....

3. (a) PRINT FULL NAME HAYDEN, S. TRILES

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Francis Inloes 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased no (Month) (Day) (Year) 1905

8. AGE: Years Months Days If less than one day
90 1 17 hr. min.

9. Birthplace Butler Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER
12. Name Henry Inloes
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Hooper
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Clayd Inloes
(b) Address Clinton mo

17. (a) 1 Burial (b) Date thereof 12-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Conradus Peak
(b) Address Clinton mo

19. (a) 12-19-45 (b) R. P. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19
year 1945 hour 1 minute 40 AM.

21. I hereby certify that I attended the deceased from:
April 17, 1945, to Dec 19, 1945;
that I last saw h. live alive on Dec 18, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death
Broncho-pneumonia - bilateral
Due to unknown

Other conditions Generalized arterio-sclerosis unknown
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations none
Of autopsy none 109
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) none
(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) (c) Means of injury

23. Signature S. R. Hughes (M. D. or other) M.D.
Address Clinton, Mo. Date signed 12/19/45

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

100150

12-45-1362

1-10-46

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..... *R. B. Kenney*

Licensed Embalmer No. *3099*

P. O. Address *Clinton 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.