

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2865
Registrar's No. 68

FILED FEB 13 1944
Registration District No. 24

Primary Registration District No. 3046

1. PLACE OF DEATH:
(a) County Moniteau, Co. Walker
(b) City or town California, Mo.
(c) Name of hospital or institution: None
City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME George M. Inman
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 None 6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased April 15 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 83 9 20 hr. min.

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

10. Usual occupation Common Labor

11. Industry or business

12. Name John Inman

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

14. Maiden name Parale Howard

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

16. (a) Informant Mr. O. W. C. C. C.

(b) Address Burk Clarkburg, Mo.

17. (a) (Burial, cremation, or removal) Burk Cemt., California (b) Date thereof Feb. 6, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 2-5-43 (b) P. J. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. City (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 5
1943 to Feb 4, 1943
that I last saw him alive on Dec 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthma
and chronic myocarditis Duration 1 week
4-5 years

Due to Terminal bilateral lobar
pneumonia 1 week

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Kenneth Latham (M. D. or other)

Address California, Mo. Date signed 2-5-44

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

1512

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

Earl R. Bomlin

Licensed Embalmer No.

126

P. O. Address

California 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:

Earl R. Bomlin

84-5-5