

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40286**

REG. DEC 12 1939 71

Registration District No. **571**

Primary Registration District No. **4335**

Registrar's No. **58**

1. PLACE OF DEATH:

- (a) County **Moniteau**  
(b) City or town **California mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community **20 years**  
years, months or days)

3. (a) PRINT FULL NAME **Lucinda Adalene Inman**

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

4. Sex **Female** 5. Color **W** 6. (a) ~~Single~~ **widowed**, married, divorced

6. (b) Name of husband or wife **Albert** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **mar 18 - 1898**  
(Month) (Day) (Year)

8. AGE: Years **41** Months **7** Days **13** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **0**

12. Name **John Allen**

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

14. Maiden name **Elizabeth Cotton**

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

16. (a) Informant's own signature **Albert Inman**

(b) Address **California mo**

17. (a) **11/3/39** (b) Date thereof **11/3/39**  
(Burial, cremation) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial**

18. (a) Signature of funeral director **William F. Burdman**

(b) Address **California mo**

19. (a) **11-6-39** (b) **APR Dobsony 5114**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) If foreign born, how long in U. S. A? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **1**  
year **1939** hour **9 P.M.** minute M.

21. I hereby certify that I attended the deceased from **Sept. 15**  
**1939**, to **Nov. 1**, **1939**

that I last saw her alive on **Nov. 1**, **1939**  
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy** Duration **1 hour**

Due to **Arteriosclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

While at work? (Specify type of place) (b) Means of injury **3**

23. Signature **W. F. Burdman** (M.D. or other) **D.O.**

Address **California** Date signed **11/2/39**

SEP 13 1948

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**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 \_\_\_\_\_

*Hugh L. E. Williams*

Licensed Embalmer No. \_\_\_\_\_

*3537*

P. O. Address \_\_\_\_\_

*California*

**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, above space should be left blank.**