

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

DEPARTMENT OF COMMERCE
MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32050

State File No.

Registration District No. 571

Primary Registration District No. 4335

Registrar's No. 44

1. PLACE OF DEATH:

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

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

(d) Length of stay: In hospital or institution 70 Yrs (Specify whether years, months or days)

In this community:

3. (a) PRINT FULL NAME Benjamin M. Inman

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 16 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 23 _____ hr. _____ min.

9. Birthplace Moniteau Co. 17
(City, town, or county) (State or foreign country)

10. Usual occupation Brick Layer

11. Industry or business

12. Name John Inman

13. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

14. Maiden name Louise Luster

15. Birthplace Un Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) Burial (b) Date thereof Aug 10. 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemt. California

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

(b) Address California, MO.

19. (a) 8-9-41 (b) N.R. Rofsey
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 068
(c) City or town California, Mo.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8
year 1941 hour 6 PM minute 41

21. I hereby certify that I attended the deceased from 8/2/1941 to 8/7/1941
that I last saw him alive on 8/7/1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Due to General arteriosclerosis

Other conditions 430
(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) (e) Means of injury _____
23. Signature J. C. Durnell (M. D. or other) 2 D.O.
Address 2100 Date signed 8/9/41

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 P. Bomlin

Licensed Embalmer No.

2126

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32050

Registration District No. 571

Primary Registration District No. 4335

Registrar's No. 1

1. PLACE OF DEATH:

- (a) County Moniteau
(b) City or town California
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Benjamin M. Inman

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

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

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

7. Birth date of deceased Sept 16 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 23 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Mrs John Inman

(b) Address California Mo

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-9-41 (b) H.R. Pobojay
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Moniteau
(c) City or town California Mo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 19 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

32050