

DEC 29 1941

Registration District No. 571

Primary Registration District No. 4335-5769

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town California, Mo Walker
(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 Life (Specify whether)
In this community Life (years, months or days)

3. (a) PRINT FULL NAME Catherine Inman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William F. Inman 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Feb, 1 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 6 If less than one day
hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name William Maloney
13. Birthplace Irland (City, town, or county) (State or foreign country)
14. Maiden name Caroline Schlicker
15. Birthplace Moniteau, CO. (City, town, or county) (State or foreign country)

16. (a) Informant Richard W. Inman
(b) Address California
17. (a) Burial (b) Date thereof Nov, 9, 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) 11-8-41 (b) H.R. Popejoy
(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. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7 year 1941 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from 10-30-1941 to 11-7-1941
that I last saw her alive on 11-5 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Duration short

Due to
Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy no

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) no
(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 H.R. Popejoy (M. D. or other)
Address California Date signed 11-8-41

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 R. Bombis

Licensed Embalmer No. 2126

P. O. Address California 27

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.