

S. No. 2
1-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1158

State File No. _____

FILED FEB 11 1947
149

Primary Registration District No. 1001

Registrar's No. 475

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-23-47-1-31-47
(Specify whether
In this community a.s. above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 2
(c) City or town Savannah
(If outside city or town limits, write "RURAL") 1
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No) 1
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Helen ^{violet} Isle
3. (b) If veteran, name war no.
3. (c) Social Security No. 491-30-1439

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 31
year 1947 hour _____ minute _____ P. M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Kenneth Isle
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased February 6 1928
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 23 1947 to 1-31 1947
that I last saw h. ER alive on 1-31 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 18 Months 11 Days 25
If less than one day hr. _____ min. _____

Immediate cause of death Pulmonary Edema - Pneumonia Duration _____
Due to Cardiac Decompensation
Due to eclampsia 4 mo. cessation of before death
Other conditions Nephritis
(Include pregnancy within 3 months of death)

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

10. Usual occupation at home
11. Industry or business X
12. Name Lloyd Van Meter
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Crystal French
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy 111c
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Kenneth Isle
(b) Address Savannah, Missouri

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? _____

17. (a) removal (b) Date thereof 1-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Savannah, Missouri
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 2-1-47 (b) Sheldine Holmer
(Date received local registrar) (Registrar's signature)

23. Signature Lee E. Davidson (M.D. or other) DD
Address 2155 Independence K.C. Mo. Date signed 2-1-47
While at work? _____ (Specify type of place) _____
(c) Means of injury 2

(Licensed Embalmer's Statement on Reverse Side)

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

APR 16 1947

APR 2 1947

April 6, 1928

Mr. Jones
County Clerk
New Orleans

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 Robert W. Reed

Licensed Embalmer No. 3745

P. O. Address 112 2nd

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.