

REC'D APR 17 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9401

Do not use this space.

## 1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399  
(b) Township \_\_\_\_\_ Primary Registration District No. 1002  
(c) City KANSAS CITY MO? (d) Street No. Mercy Hospital Registered No. 1007  
(e) Length of residence in city or town where death occurred yrs. mos. ds. 0 How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NADA JEAN ISENHOUR

(a) Residence, No. LIBERTY MO St.  (Usual place of abode, if no street address, write county or city)  
(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 - 10 - 39  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 26  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLAY CO. MO.  
13. NAME LUTHER ISENHOUR  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLAY CO. MO.  
15. MAIDEN NAME MARY STEVENS  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT LUTHER ISENHOUR  
(ADDRESS) LIBERTY MO  
18. BURIAL, CREMATION, OR REMOVAL PLACE LIBERTY MO DATE 3 - 7 - 1939  
19. FUNERAL DIRECTOR HESEL - CORDER  
(ADDRESS) LIBERTY MO  
20. FILED Mar 6 1939 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 6 1939  
22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1939, to 3-6, 1939  
I last saw her alive on 3-6, 1939. Death is said to have occurred on the date stated above, at 3:20 P. m.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Myelomeningocele, Lumbar 2-10-39  
Hydrocephalus, Internal 2-10-39  
Other contributory causes of importance: Malnutrition 1570  
2-24-39

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Physied Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Doyle F. Colman, M. D.  
(Address) 730 Professional Bldg  
1103 Grand Ave  
Kansas City, Missouri

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**