

REC'D MAY 10 1939

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

13814

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kear Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 4550 Millcreek Registered No. 1568 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

251 Ruth E. Isenberger
 (a) Residence, No. 4550 Millcreek St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Dr F. J. Isenberger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 15 - 1866</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>4</u>
	DAYS <u>29</u>	IF LESS THAN 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>	11. Total time (years) spent in this occupation <u>1</u>
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
FATHER	13. NAME <u>Henry Vanecorp</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waukegan</u>	
MOTHER	15. MAIDEN NAME <u>Ruth Ward</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waukegan</u>	
17. INFORMANT (ADDRESS) <u>Dr Robert M Isenberger</u> <u>424 E. 47th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Natoma, Kans</u> <u>4/15 - 39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Stuey McClure</u> <u>3235 Gillham Place</u>		
20. FILED <u>4-14</u> 19 <u>39</u> <u>M. M. Crow</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>4/14/39</u>	19 <u>39</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Arman</u> , 19 <u>39</u> . I last saw h. <u>Arman</u> alive on <u>Arman</u> , 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>F.</u> m. The principal cause of death and related causes of importance were as follows: <u>Arman's disease</u> <u>Chronic tuberculous meningitis</u> <u>Acute pulmonary edema</u> Other contributory causes of importance <u>no</u>	
Name of operation <u>Arman</u>	Date of operation <u>Arman</u>
What test confirmed diagnosis? <u>Arman</u>	Was there an autopsy? <u>yes</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Arman</u> Date of injury <u>Arman</u> , 19 <u>39</u> . Where did injury occur? <u>Arman</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u>Arman</u>	Nature of injury <u>Arman</u>
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>Arman</u>	
(Signed) <u>Arman</u>	M. D. <u>Arman</u>
(Address) <u>Arman</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37

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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.)