

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4764**

**JAN 13 1940**

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
K.C.M.T.S. Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 days  
(Specify whether  
 In this community 35 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Texas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4133 Monroe  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13<sup>th</sup>  
 year 1939 hour 9 minute 20 A.M.  
 21. I hereby certify that I attended the deceased from Dec  
4<sup>th</sup>, 1939, to Dec 13, 1939;  
 that I last saw him alive on Dec 13<sup>th</sup>  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary The Fuldand Pneumonia

Due to 23

Due to \_\_\_\_\_

Other conditions Tuberculosis Pyonephritis  
(Include pregnancy within 3 months of death)

Major findings: Sinus

Of autopsy Post Hoc a cavitation, the Pyonephritis  
The Mesenteric Lymphadenitis Adrenal cortical  
Underline the cause to which death could 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 [Signature]  
 Address [Address] Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Enoch Isaiiah 200

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olis Isaiiah 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased January 2 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>11</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation House Cleaner

11. Industry or business \_\_\_\_\_

12. Name Dairy Isaiiah

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

14. Maiden name Rhoda Baker

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

16. (a) Informant's own signature K.C.M.T.S. Hospital

(b) Address Lead Station

17. (a) Removal (b) Date thereof 12-16-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Offord, Miss.

18. (a) Signature of funeral director Matkins Bros.

(b) Address 1729 Lehigh  
Dec. 16, 1939 (c) W.M. Crowe  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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.

**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 Isaac Jerome Naylor

Licensed Embalmer No. 3994

P. O. Address 11206 23rd St

**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, above space should be left blank.**

*[Handwritten scribbles]*