

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.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH: **Jackson**  
 (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: **St. Joseph's Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **10 Days** 4104  
(Specify whether)  
 In this community **10 yrs.**  
years, months or days

3. (a) PRINT FULL NAME **Catherine G. Iser** 260  
 3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **.....**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Otto F. Iser** 6. (c) Age of husband or wife if alive **39** years  
 7. Birth date of deceased **July 28, 1899**  
(Month) (Day) (Year)

8. AGE: Years **40** Months **4** Days **17** If less than one day  
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **.....**

MOTHER FATHER { 12. Name **Theodore Schaffrank**  
 18. Birthplace **No Record**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Elizabeth Stenger**  
 15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Otto F. Iser**  
 (b) Address **4104 Flora**  
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-18-39**  
(Month) (Day) (Year)  
 (c) Place: burial or cremation **Devon, Ohio**

18. (a) Signature of funeral director **Thos. E. Quirk Funeral Home**  
 (b) Address **4316 Troost**  
 (c) Date **Dec. 18, 1939**  
 19. (a) **Home** (Date received local registrar) (b) **Ma McCrewe** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** / (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 Street No. **4104 Flora**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? **.....** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **15**  
 year **1939** hour **12:15 a.m.** minute **.....** M.  
 21. I hereby certify that I attended the deceased from **Dec 4th**  
 19**39** to **Dec 15th**, 19**39**;  
 that I last saw her alive on **Dec 14th**, 19**39**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bilateral lobar pneumonia** 12 days  
 Due to **Pneumococcus Type I**  
 Due to **108**  
 Other conditions **.....**  
(Include pregnancy within 3 months of death)

Major findings: **.....**  
 Of operations **.....**  
 Of autopsy **Same - upper lobes both lungs**  
 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) **.....**  
 (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 **Paul V. O'Rourke** (M. D. or other)  
 Address **1402 Bryant Bldg** Date signed **.....**

**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.....

*Thomas P. Turk*

Licensed Embalmer No. *3775*

P. O. Address *N. C. Mo*

**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.**