

No. 2  
-11-10-39  
5-17-39  
D X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

22216

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5698

Registrar's No. \_\_\_\_\_

REC'D JUL 15 1940

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

1. PLACE OF DEATH:

(a) County McDonald  
(b) City or town Noel R#2 Rural  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Ten years  
In this community years, months or days

3. (a) PRINT FULL NAME Sadie Myrtle Isom 250

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Walter Isom 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March 7 1885  
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Orville Badgley  
Moses Johnson

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

14. Maiden name Orville Badgley  
Illinois

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

16. (a) Informant Walter Isom  
(b) Address Noel Mo. R#2

17. (a) Burial (b) Date thereof June 28 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Pineville Cem.

18. (a) Signature of funeral director Pogue and Son  
(b) Address Wheaton Missouri

19. (a) June 28 1940 (b) Lee O. Carmel  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mc Donald  
Pineville  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. South Of PINEVILLE  
(If not, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1940 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 21 1940 to June 25 1940  
that I last saw her alive on June 25 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach Duration \_\_\_\_\_

Due to Carcinoma Breast 2 1/2

Due to \_\_\_\_\_ 50

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

467 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Lee O. Carmel (M. D. or other) 3  
Address Wheaton Mo Date signed 6/28/40

RECEIVED

District Health Officer No. 6,

District File Number 740-2311

Date Filed JUL 9 1940

JUN 2 1940

JUN 3 1940

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.....

Wm. Morris Pogue  
working under my personal supervision.

Registered Apprentice No.....

Signed Wm. Morris Pogue

Licensed Embalmer No. 3542

P. O. Address Wheaton

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.