

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 270

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
729 W. Rollins
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 729 W. Rollins
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22nd
year 1940 hour 8 minute 45 a.m.

21. I hereby certify that I attended the deceased from Jan 1
1940, to Oct 22, 1940
that I last saw him alive on Oct 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Peritonitis

Due to 94W

Other conditions
Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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?
925
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature H. G. Giffels (M. D. or other) _____
Address Moberly Date signed 10/24/40

3. (a) PRINT FULL NAME Edwin V. Isenhart

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Dot Isenhart 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 22nd 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>7</u>		hr. min.

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

10. Usual occupation Hardware Dealer
Self.

11. Industry or business _____

12. Name Elmer V. Esenhart

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

14. Maiden name Sophronia Craig

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

16. (a) Informant Mrs Dot Isenhart

(b) Address Moberly

17. (a) _____ (b) Date thereof Oct. 24th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Moham and Son
(b) Address Moberly, Mo

19. (a) Oct 24-1940 (b) Seal Williams
(Date received local registrar) (Registrar's signature)

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

8
30-0

RECEIVED

District Health Officer No. 10

District File Number 11-40-2170

Date Filed NOV 14 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Francis D. Witt

Licensed Embalmer No. 3071

P. O. Address Moberly 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.