

FILED FEB 18 1947

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

1200
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 160
 (c) City Kansas City (d) Street No. Wesley Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number) 111
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da. 08

2. PRINT FULL NAME MARGARET ISAACS

(a) Residence, No. 1 Daytona Beach Fla. Daytona Beach, Fla.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Frank Isaac
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1908
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 32 2 1
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. stone
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville, Fla.

FATHER 13. NAME I Stevens
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carolina
 MOTHER 15. MAIDEN NAME Maggie May Long
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT (ADDRESS) Husband Daytona Beach, Florida
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Jan. 12, 1947

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomer's Son 1401 Brush Creek Blvd.
 20. FILED Jan 12 1947 M. M. Grove Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/12/41 1941
 22. I HEREBY CERTIFY, That I attended deceased from 12/28/40 1940 to 1/12/41 1941
 I last saw her alive on 4~~th~~ 1/23 1941 Death is said to have occurred on the date stated above, at 9:35 m.
 The principal cause of death and related causes of importance were as follows:

Uremia Date of onset 4~~th~~ 1/29/40
Chronic Parenchymatous Nephritis
 Other contributory causes of importance: Diabetes

Name of operation renal Date of 1/12/41
 What test confirmed diagnosis? diabetes Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Frederick A. Balducci, M. D.
 (Signed) 317 Argyle Bldg. Kansas City, Mo.
 (Address)

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.

I X-14023

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.