No. 2
-4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG FEB 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4027

Registration District No. 744 Primary Registration District No. 5926B Registrar's No. 2

1. PLACE OF DEATH: ~~Henrietta Mo.~~
(a) County Ray
(b) ~~City or town~~ ~~Ray~~ Henrietta
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None Mistress
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community All His Life
years, months or days)

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

3. (a) PRINT FULL NAME Isaiah Derstler
3. (b) If veteran, name war None
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lydia Derstler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 17 th. 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	3	19	hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Benjamin Derstler
13. Birthplace Penn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Isabelle Arnold
15. Birthplace Penn. (City, town, or county) (State or foreign country)
16. (a) Informant Frank Derstler
(b) Address Henrietta Mo.
17. (a) ~~Jan. 8 th. 41~~ Burial (Burial, cremation, or removal) (b) Date thereof Jan 8-41 (Month) (Day) (Year)
(c) Place: burial or cremation Sunny Slope Richmond Mo.
18. (a) Signature of funeral director J B Brothers
(b) Address Richmond Mo. 0105
19. (a) Jan 7-41 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5th
year 1941 hour # minute 11 P M.
21. I hereby certify that I attended the deceased from Jan 1 1941, to Jan 5 1941;
that I last saw him alive on Jan 5-1941, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Due to Infection following Cerebral Hemorrhage
Due to
Other conditions Paralysis of left side of body
(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?
(Specify type of place)
While at work? (e) Means of injury:
23. Signature E. E. Lay (M. D. or other) D
Address Richmond Mo. Date signed 1-6-41.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 2-13-41
Date Filed

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 J.B.Brothers, Registered Apprentice No. _____ working under my personal supervision.

Brothers Funeral Home

Signed J B Brothers

Licensed Embalmer No. 3001

P. O. Address Richmond 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, fact should be so stated above.