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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21808

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

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

Primary Registration District No. 395-423<sup>2</sup>

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Blue Springs  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sm-a-bar-top  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 25 yrs  
years, months or days)

3. (a) PRINT FULL NAME John D. Isenhour

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex m Color or race w

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Delia

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased may 5 1875  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>1</u>	<u>10</u>	hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Filling Station attd

12. Name Unknown

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

14. Maiden name Isenhour

15. Birthplace Clay Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Ms Delia Isenhour

(b) Address Blue Springs Mo

17. (a) Burial (b) Date thereof 06-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director R B [unclear]

(b) Address Blue Springs Mo

19. (a) 6-10-41 (b) Kathryn [unclear]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson<sup>48</sup>

(c) City or town Blue Springs  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 11  
\_\_\_\_\_, 1941, to June 15, 1941;

that I last saw him alive on June 14, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Cardiac Dilatation

Due to Chronic Myocarditis

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

Other conditions (Include pregnancy within 3 months of death) 12 H

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? \_\_\_\_\_

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While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury a

23. Signature [unclear] (M. D. or other) DO.

Address Indep. Mo. Date signed 6/16/41

JUL 25 1947

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**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.....

*R. Blubb*

Licensed Embalmer No. *2353*

P. O. Address. *Blue Springs, 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.**