V. S. No. 2
M—11-10-39
ev. 5-17-39
1 X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7720

Registration District No. 772 Primary Registration District No. 4463 Registrar's No. 1

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Elvins Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residents (If not in hospital or institution, write street number or location)

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

In this community 5 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Francois

(c) City or town Elvins 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.? years.

3. (a) PRINT FULL NAME Jasper Isbell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 6 (Month) (Day) 1858 (Year)

8. AGE: Years 83 Months 3 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Farming

FATHER
12. Name Theoderic Lee Isbell
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Webb
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Tom Isbell

(b) Address Elvins, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/42 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Madison Co.

18. (a) Signature of funeral director Sparks Und. Co.

(b) Address Elvins, Missouri

19. (a) 1-29-42 (Date received local registrar) (b) Byrde S. Bahrmeister (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 year 1942 hour 8 minute am. M.

21. I hereby certify that I attended the deceased from Mar 26-41, 19, to Jan 4, 1942 that I last saw him alive on Jan 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage

Due to probable Ca of stomach

Due to

Other conditions Hypertension (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 46 P

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 C H Amberg (M. D. or other) MD

Address Flat River Mo Date signed 1-5-42

(Licensed Embalmer's Statement on Reverse Side)

FILED

District Health Officer No. 4

District File Number 242-209

Date Filed 2-12-42

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 Everett Sparks

Licensed Embalmer No. 2639

P. O. Address Elvins 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.