C.D. Cantrell 128 McGee Argyle

S. No. 2
—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9672

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1383

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wesley Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 5 Days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell
(c) City or town Polo Mo. 013
(If outside city or town limits, write "RURAL") 0
(d) Street No. ✓ 0
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓ 1

3. (a) PRINT FULL NAME EVERETT JAMES ISLEY

3. (b) If veteran, name war No
3. (c) Social Security No. none

4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Isley
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Aug. (Month) 18 (Day) 1889 (Year)

8. AGE: Years 52 Months 47 Days 19 If less than one day hr. min.

9. Birthplace Kearney (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business Grocery Business
FATHER
12. Name Thomas Isley
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ellen Roe
15. Birthplace Ray Co (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Mrs. Pearl Isley
(b) Address Polo Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Excelsior Springs
18. (a) Signature of funeral director Herbert Hope
(b) Address Excelsior Springs Mo
19. (a) 4-7-42 (Date received local registrar) (b) M. N. Stowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 7 year 1942 hour 11 minute 9 M.

21. I hereby certify that I attended the deceased from Apr 2 1942, to Apr 7. 1942 that I last saw him alive on Apr 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pyloric Obstruction
Due to Gastric ulcer
Due to 117a
Other conditions Dehydration toxemia
(Include pregnancy within 3 months of death)
Major findings: Of operations Poglu
Of autopsy Pyloric obstruction gastric ulcer

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 D Cantrell (M. D. ~~or other~~) 0
Address 636 Argyle Bld Date signed 4-7-42

(Licensed Embalmer's Statement on Reverse Side)

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 Scott W. Hackensmith

Licensed Embalmer No. 3597

P. O. Address Colson Springs

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.