

FILED MAY 21 1942

Registration District No. **448449**

Primary Registration District No. **4267**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Laclede
 (b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Wallace Memorial Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pulaski
 (c) City or town Richland, Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or/No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sallie Jane Isom

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased January 30, 1932
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	10	1	26	
				hr. min.

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

10. Usual occupation Schoolchild

11. Industry or business _____

MOTHER { 12. Name Erwin Isom

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

14. Maiden name Hattie Story

15. Birthplace Laquey Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Robinson

(b) Address Richland, Missouri

17. (a) Burial (b) Date thereof 3/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iduma Cemetery

18. (a) Signature of funeral director R. B. Jumper
 (b) Address Richland, Missouri

19. (a) April 23-42 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
 year 1942 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 21, 1942
 19 _____ to March 26 1942

that I last saw her alive on March 26 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis due to ruptured appendix
 Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

1090

RECEIVED

District Health Officer No. _____

District File Number 5-42-86

Date Filed May 16, 1942

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, fact should be so stated above.