

FILED SEP 14 1942/28

Registration District No. 5466

Primary Registration District No. 5466

595

39
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **GREENE**

(a) County GREENE

(b) City or town Springfield Rural of Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MEDICAL CENTER FOR FEDERAL PRISONERS 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 8 mo. 10 days
(Specify whether years, months or days)

In this community 1 Yr. 8 mos. 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State W. Virginia (b) County Mineral

(c) City or town Wiley Ford
(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.? 0 years.

3. (a) PRINT FULL NAME ISER, Fred

3. (b) If veteran, name war No

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 Nora Romine Iser

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased May 14 1914
(Month) (Day) (Year)

8. AGE: Years 28 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Green Springs, W. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation laborer, chemical worker

11. Industry or business Textiles

MOTHER FATHER

12. Name Newton Iser

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

14. Maiden name Edna Hadley

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

16. (a) Informant deceased

(b) Address _____

17. (a) Removal (b) Date thereof 8/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cumberland, Maryland

18. (a) Signature of funeral director Ralph Thieme

(b) Address Springfield, Mo.

19. (a) 8-15-42 (b) S. W. Hadley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1942 hour 1 minute 55 A.M.

21. I hereby certify that I attended the deceased from December 1, 1940 to August 11, 1942; that I last saw him alive on August 11, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis pulmonary chronic (far advanced)

Due to _____

Due to _____

Other conditions Pneumothorax spontaneous
(Include pregnancy within 3 months of death)
right. Empyema tubercular right.

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

Since _____

Adm. _____

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? _____ (2) Means of injury _____

23. Signature R. A. McComas (M. D. or other) _____
Address MCFP B. W. McComas Clinical Director _____ Date signed _____

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. H. H. H. H. H.

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.

X