

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31618

State File No. _____

Registration District No. 362

Primary Registration District No. 4531

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Warrenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
(c) City or town Warrenton
(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 William F. Isler

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 married

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

7. Birth date of deceased Feb. 6, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 6 25 hr. 4 min.

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

10. Usual occupation Minister

11. Industry or business _____

12. Name Jakob Isler 5

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

14. Maiden name Anna Farner

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

16. (a) Informant Mrs. Dorothy Kettelkamp

(b) Address Riverfalls, Wisconsin

17. (a) Burial (b) Date thereof 9-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann, Mo.

18. (a) Signature of funeral director Jurrieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 9/4/42 (b) John A. Bebermeyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1942 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from December 15, 1941 to August 31, 1942
and that I last saw him alive on Aug. 31, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to myocardial infarction

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 94a
Of operations _____
Of autopsy _____

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) Means of injury _____
23. Signature John A. Bebermeyer or other _____
Address Warrenton, Mo. Date signed 9-1-42

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

109
0

109
0

1263

041 23 1224

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, BS
....., Registered Apprentice No.....
working under my personal supervision.

Signed John H. Hieburg
Licensed Embalmer No. 3897
P. O. Address Warrenton, Ore

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.