

FILED NOV 9 1942
149

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3849**

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: **Trinity Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Weeks**
(Specify whether years, months or days)

In this community **2 Weeks**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Caldwell**

(c) City or town **Braymer**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Miss. Pearl Isom**

3. (b) If veteran, name var. **no**

3. (c) Social Security No. **495-67-3342**

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

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

7. Birth date of deceased **Dec. 22 1895**
(Month) (Day) (Year)

8. AGE: Years **46** Months **9** Days **26** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Practical Nurse**

11. Industry or business _____

12. Name **Murray Isom**

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

14. Maiden name **Genevieve Watson**

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

16. (a) Informant **Harold Waters**

(b) Address **Braymer, Missouri**

17. (a) **Removal** (b) Date thereof **10-19-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Braymer, Mo.**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City Mo.**

19. (a) **10-19-42** (b) **M. M. Groves**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **18th** year **1942** hour **11** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **October 4, 1942** to **Oct 18, 1942** and that death occurred on **Oct. 18, 1942** at the date and hour stated above.

Immediate cause of death **Acute Pulmonary Embolism** Duration **2 hrs.**

Due to **Infected right hand following trauma (auto accid.)** **4 wks**

Due to **Tetanus, onset about Oct. 2, 1942**

Other conditions **Duodenal ulcer**

Major findings: Of operations **170 cc / 24**

Of autopsy **Pulmonary Embolism**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 106**

(b) Date of occurrence **4 wks before death**

(c) Where did injury occur? **Highway - Near Braymer Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Automobile accident - highway

While at work? **No** (Specify type of place) (r) Means of injury **D**

23. Signature **Joseph E. Miller** (M. D. or other) **MD.**
Address **856 Prof. Bldg.** Date signed **10/18/42**

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.....

Clarence H. Child

Licensed Embalmer No.....

3473

P. O. Address.....

76 e 760

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.