

33408

S. No. 2
M-9.4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 11 1942

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 305

16
4

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
449 N. Middle Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 449 N. Middle Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Harry A. Isom

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

4. Sex Male 5. Color or race Negro 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 October 3, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>0</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Cape Girardeau, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Janitor

11. Industry or business _____

12. Name Henry Isom

13. Birthplace Cape Girardeau, Mo. (City, town, or county) (State or foreign country) 0

14. Maiden name Unknown

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

16. (a) Informant Mrs. Nina Isom Beal

(b) Address 449 N. Middle St. Cape Gir. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV. 1, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 10-31-42 (Date received local registrar) (b) F. St. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29 year 1942 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 21, 1942, to Oct. 27, 1942 that I last saw him alive on Oct. 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease to Decompensation

Due to Chronic nephritis

Due to _____

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

Major findings: Of operations 1318

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 H. J. [Signature] (M. D. or other) Address 17 N. Sprigg St. Cape Girardeau signed 10-30-42

Duration 6 mos.

8

PHYSICIAN

Underline the cause to which death should be charged statistically.

1018 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

District File Number 1142-132

Date Filed 11-9-42

NOV 23 1956

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 *Frank Sparks*.....

Licensed Embalmer No. 3403.....

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.