

FILED DEC 28 1942

Registration District No. 749

Primary Registration District No. 1002

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Nashville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Research
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 day (Specify whether
In this community 6 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town Holt Mo
(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 Maudie Minerva Isley

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Richard 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 21 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 24 If less than one day
hr. min.

9. Birthplace Holt Clay Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business ✓

12. Name William W. Intire

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

14. Maiden name Elizabeth Williams

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

16. (a) Informant Richard Isley

(b) Address 340 Benton Kansas City Mo

17. (a) Burial (b) Date thereof Dec 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centoch Cem Holt Mo

18. (a) Signature of funeral director James J. Kearney

(b) Address 7 Kearney Mo

19. (a) 12-15-42 (b) J. M. M. Crowl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1942 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from 12/19 to 12/15, 1942
that I last saw h.c.r. alive on 12/14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
Due to Coronary Sclerosis
Due to Thrombosed arteries
Other conditions MI
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
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) (e) Means of injury

23. Signature Mustard (M. D. or other MD)
Address Liberty, Mo. Date signed 12/15/42

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

MOTHER FATHER

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

Louise Fay

Licensed Embalmer No. *1677*

P. O. Address. *Kearney 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.