

FILED MAR 11 1943
Registration District No. 1022

Primary Registration District No. 3011

1. PLACE OF DEATH:

(a) County Carroll.
(b) City or town Carrollton.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
216 South Main Street 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 all his life. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll.
(c) City or town Carrollton.
(If outside city or town limits, write "RURAL")
(d) Street No. 216 South Main Street.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Susana Isaac.

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 Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 15 1876.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 4 9. hr. min.

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

10. Usual occupation House work.

11. Industry or business

MOTHER FATHER
12. Name Joseph Isaac.
13. Birthplace Hester, England.
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Crowder
15. Birthplace England.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Beanie Worden.

(b) Address 216 S. Main City.

17. (a) Burial. (b) Date thereof 2-26-43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Willis Marshall.

(b) Address Carrollton Mo.

19. (a) 2-23-43 (b) Mrs James Rafferty
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1943. hour 10 minute 45 M.

21. I hereby certify that I attended the deceased from Feb. 20 1943, to Feb. 24 1943 that I last saw him alive on Feb. 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death PT. side cerebral hemorrhage

Due to hypertension

Due to infarct

Other conditions Age

(Include pregnancy within 3 months of death)

Major findings: Of operations 30

Of autopsy 30

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 B. Hamilton Date signed Feb 25

Address Carrollton, Mo Date signed Feb 25

Duration

30 min.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-10-43

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 myself
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Corvettown Md.

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.