

No. 2  
-1-4-41  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **7122**

ED MAP 15 1948  
Registration District No. **6**

Primary Registration District No. **3037 5840**

Registrar's No. **24**

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

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Wentworth Rt 2  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
None 1 1/2 mi. Brown Jump  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 4 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton  
(c) City or town Wentworth Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 2  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29  
year 1943 hour 8 minute 19 P.M.

21. I hereby certify that I attended the deceased from Jan 21  
1943, to Jan 29, 1943.

that I last saw her alive on Jan 29, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Pneumonia -  
(Lobar)

Duration

3 days

Due to Myocardial Infarction

Due to .....

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

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 D. P. Brungardus (Physician or other)

Address Price City, Mo Date signed 1/29/43

3. (a) PRINT FULL NAME Francis Isabell

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

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

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

7. Birth date of deceased. Aug (Month) 18 (Day) 1878 (Year)

8. AGE: Years 67 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Lawrence Co. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business.....

12. Name Billy Wood

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

14. Maiden name Susan Piper

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

16. (a) Informant Mrs. Mrs. Thompson

(b) Address Mt. Vernon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. Feb 2 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Sycamore Cem

18. (a) Signature of funeral director H. D. Kozett

(b) Address Mt. Vernon, Mo.

19. (a) 2-12-43 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

1149

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6

District File Number 343-381

Date Filed MAR 12 1943

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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 Mar. L. Fossett

Licensed Embalmer No. 4252

P. O. Address Sarsore, 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.**