S. No. 2
DM—2-43
5-17-39
I X3569

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18050 ✓

State File No.

Registration District No. 776 Primary Registration District No. 3026 Registrar's No. 111

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4 (If outside city or town limits, write "RURAL")

(d) Street No. 1119 North River Road (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no 0

3. (a) PRINT FULL NAME PHILIP RAY 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 April (Month) 11 (Day) 1943 (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Ronald E. Isaac Jr
13. Birthplace Oklahoma City Okla (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jessie L. Wolstein
15. Birthplace Carrolton Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ronald E. Isaac, Jr

(b) Address 1119 North River Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/43 (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence Mo.

19. (a) 4-14-1943 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1943 hour 8 minutes 30 P.M.

21. I hereby certify that I attended the deceased from 4-11-43, 19 , to 4-12, 1943; that I last saw him alive on 4-12, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration 28 hrs.

Due to Mid forceps extraction

Due to prolonged labor + contracted outlet

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — 160C

Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] Mo (M. D. or other) Mo

Address Independence Mo Date signed 4-23-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2467

P. O. Address Indep. 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.