S. No. 2
M—2-43
5-17-39
1 X35857

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21037

FILED JUL 14 1943

Registration District No. 55 Primary Registration District No. 5T-994082 Registrar's No. 76

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: no. 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 50 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll 17

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. Bogard
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William Francis Isaacs

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of ~~husband~~ or wife Callie

6. (c) Age of ~~husband~~ or wife if alive 71 years

7. Birth date of deceased April (Month) 11 (Day) 1867 (Year)

8. AGE: Years 76 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) ~~99~~ 1 (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name William Isaacs
13. Birthplace Ind. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Wilson
15. Birthplace Ohio. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Callie Isaacs.
(b) Address Bogard Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/43 (Month) (Day) (Year)
(c) Place: burial or cremation Coloma

18. (a) Signature of funeral director E. A. Dickerson
(b) Address Bogard Mo

19. (a) 6-19-1943 (Date received local registrar) (b) Mrs Jaudes Roffety (Registrar's signature)

1053

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1943 hour 6 minute 1 M.

21. I hereby certify that I attended the deceased from May 2 1942 to June 17 1943
that I last saw him alive on June 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Softening of brain 7 Duration 3 yrs.

Due to: Do not know

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83 C

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R. Hamilton State, MD (M. D. or other)

Address Carrollton, Mo Date signed June 18 43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 7-13-43

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed E. A. Dickerson

Licensed Embalmer No. Bogard 255

P. O. Address Bogard 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.