

S. No. 2
DM-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 307

ED OCT 13 1943
Registration District No. 274

Primary Registration District No. 3052

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6
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Pettis
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 423 East Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 423 East Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Christopher Isch

MEDICAL CERTIFICATION

3. (b) If veteran, name war None
3. (c) Social Security No. 500-10-5559

20. DATE OF DEATH: Month Sept. day 28
year 1943 hour 12:40 minute P. M.

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

21. I hereby certify that I attended the deceased from July 20 1943, to Sept 28 1943
that I last saw him alive on Sept 28 1943
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Jesse Isch
6. (c) Age of husband or wife if alive 65 years

Immediate cause of death myocarditis and chronic interstitial nephritis
Duration 1 year

7. Birth date of deceased March 20, 1871
(Month) (Day) (Year)

Due to _____
Due to _____

8. AGE: Years 72 Months 6 Days 8
If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) 1310

9. Birthplace Green City, Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Coach Repairman

11. Industry or business M.K.T.

12. Name Christopher Isch

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

14. Maiden name unknown, unknown

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

16. (a) Informant Mrs. Jesse Isch (wife)

(b) Address 423 East Broadway, Sedalia

17. (a) Burial, cremation, or removal Burial
(b) Date thereof 9/30/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Herman Cemetery

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
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?

18. (a) Signature of funeral director Eugene Turner Home
(b) Address Sedalia, Mo.

While at work? _____ (Specify type of place)
(c) Means of injury _____

19. (a) 9/30/43 (b) ma Anna Berger
(Date received local registrar) (Registrar's signature)

23. Signature N. J. Bishop (M. D. or other) _____
Address Sedalia, Mo. Date signed 9-30-43

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-12-43

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 John E. Myers

Licensed Embalmer No. 3220

P. O. Address Sedalia, 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.