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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37777

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1286

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

11
1
7

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Mental Ho 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution June 8/3/43 (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town Faucett (If outside city or town limits, write "RURAL") 011
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert E. Issacon.
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Deceased.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 5 (Day) 1868 (Year)

8. AGE: Years 75 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Andrew Issacon
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary E Miller
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Records State Hosp
(b) Address St Joseph
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Faucett Mo.
18. (a) Signature of funeral director Lewis Davis
(b) Address Dearborn Mo
19. (a) 11-13-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13 year 1943 hour 2 minute a. M.
21. I hereby certify that I attended the deceased from 8/3/43, 19 to 11/13/43, 19; that I last saw him alive on 11/12/43, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage.	
Due to Hypertension	
Due to Senility.	
Other conditions (Include pregnancy within 3 months of death) 8 3a	

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] MD (M. D. another)
Address State Hosp 2 St Joseph Mo Date signed 11/13/43

1233

(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 Lucian Davis

Licensed Embalmer No. 4160

P. O. Address Dearborn 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.