No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1944

Registration District No. 149

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1597

Registrar's No. 171

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. TB Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 (Specify whether years, months or days)
In this community 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 524 East 15 St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME: Isaac B. Mikesell

3. (b) If veteran, name war: —

3. (c) Social Security No. 513-09-1461

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Wid.

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: 3 (Month) 4 (Day) 1895 (Year)

8. AGE: Years 48 Months 10 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace: Houston (City, town, or county) Texas (State or foreign country)

10. Usual occupation: Handy Man - Cook

11. Industry or business: Hotel

FATHER
12. Name: Harry Mikesell
13. Birthplace: Houston (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name: Mary Denkham
15. Birthplace: ? (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Records K.C. TB. Hosp.
(b) Address: Leeds Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Jan-12-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn

18. (a) Signature of funeral director: Joyce Funeral Home
(b) Address: 3146 Mo. St.

19. (a) Jan 12 1944 (Date received local registrar) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10 year 1944 hour 3 45 minute A M.

21. I hereby certify that I attended the deceased from 1-7-44, 19__, to 1-10, 1944, that I last saw him alive on 1-10, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 3 mo.?

Due to: 136

Due to:

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

Major findings:
Of operations:

Of autopsy: Pul. TB. Pericarditis

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: Maurice J. Moore (M. D. or other)
Address: K.C.T.B. Hosp. Date signed 1-11-43

(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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.