DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8537

State File No. _____

Registration District FILED MAR 31 1944

Primary Registration District No. 6149

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural - Duck Creek Tw.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 34 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Cecil 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 Married

6. (b) Name of husband or wife Effie Isaac

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased July (Month) 30 (Day) 1909 (Year)

8. AGE: Years 34 | Months 7 | Days 3 | If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

FATHER
12. Name Lon Isaac
13. Birthplace Ill. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Florence McDowell
15. Birthplace _____ (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant's signature Lon Isaac
(b) Address Puxico Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Sturdivant

18. (a) Signature of funeral director Floyd Morgan
(b) Address Puxico Mo

19. (a) 3-3-1944 (Date received local registrar) (b) J W Strimmeier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th year 1944 hour 4 minute 5 P. M.

21. I hereby certify that I attended the deceased from Jan. 12th Jan 12, 1944, to Feb 6, 1944 that I last saw him alive on Feb 6th 1944, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory & circulatory failure	
Due to Anemia, Toxicity & anasarca	
Due to Cirrhosis of Liver & General run down condition	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

24 [illegible]

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 2

23. Signature A. M. Wiley (M. D. or other) D.O.
Address Puxico Date signed 2-22-44

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Office No. 2
District File Number 344-43
Date Filed 3-6-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.