

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25282  
Do not use this space.

FILED JUL 24 1944

1. PLACE OF DEATH

(a) County Madison Registration District No. 237  
(b) Township Anderson Primary Registration District No. 4313  
(c) City Salmon (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rosy ISAAC

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 29th

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed  
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Jess ISAAC  
6. DATE OF BIRTH June 1 1886  
7. AGE 58 Years 2 Months 1 Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1944  
I HEREBY CERTIFY, That I attended deceased from June 1 1944 to June 29 1944  
I last saw him alive on June 28 1944 Death is said to have occurred on the date stated above, at 11:13 m. 11:15 AM  
The principal cause of death and related causes of importance were as follows:

Acute Regeneration with Dropsy  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 92a

12. BIRTH PLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Missouri Mo  
13. FATHER'S NAME Merritt Brooks  
14. BIRTH PLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina  
15. MOTHER'S MAIDEN NAME Betty Shains  
16. BIRTH PLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical Was there an autopsy? no

17. INFORMANT (ADDRESS) Buck Phillips Charleston Mo  
18. BURIAL, CREMATION OR REMOVAL PLACE McKee Legion DATE June 30 1944  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. O. Russell Piggott Ark  
20. FILED 6-30-44 19 June 30 1944 Local Registrar.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury none  
Where did injury occur? none (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury none  
Nature of injury none  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) B. Phillips M. D.  
(Address) Salmon Mo

AUG 25 1944

JUL 25 1944

RECEIVED

District Health Office No.

District File Number 244-14

Date Filed 7-20-44

AUG 28 1944

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 with the above constitutes grounds for revocation of license.)

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

THE NUNNELEE FUNERAL CHAPEL

DISTINCTIVE - DEPENDABLE

CHARLESTON, MISSOURI

August 23rd, 1944

25282-44

*copy in file*

Bureau of Vital Statistics,  
Jefferson City, Missouri

OR

TO WHOM IT MAY CONCERN:

This is to certify that I, Buck Gillespie, of Charleston, Mississippi County, Missouri, did give the information on the death certificate for Rosa Isaac, which I have found since was incorrect.

Item #6 should read April 28, 1886

Item #7 should read 58 yrs, 2 months, 1 day

Item #12 should read Livingston, Kentucky

This information is sworn to of my own free will and accord and changes of same should be made immediately.

AUG 25 1944

Signed

*Buck Gillespie*

STATE OF MISSOURI

SS

COUNTY OF MISSISSIPPI

Subscribed and sworn to before me, the above named Buck Gillespie on this 23rd day of August, 1944.

*John F. Nunnelee Jr*  
Notary Public

SEAL

My commission expires January 25, 1946.