

FILED AUG 10 1945
Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 88

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevoada Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
years, months or days

In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon¹⁰⁸

(c) City or town Nevoada Mo¹
(If outside city or town limits, write "RURAL")

(d) Street No. 7
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)⁰
If yes, name country —

3. (a) PRINT FULL NAME Robert E. ISAACS

3. (b) If veteran, name war m

3. (c) Social Security No. —

4. Sex Mo 5. Color or race W

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

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

7. Birth date of deceased Sept - 28 - 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 10
If less than one day hr. min.

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

10. Usual occupation Shoe cobbler

11. Industry or business Shoe cobbler

12. Name Samuel Jones

13. Birthplace not known
(City, town or county) (State or foreign country)

14. Maiden name not known

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

16. (a) Informant M O Ferry

(b) Address Nevoada Mo

17. (a) Nevoada (b) Date thereof 7-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheatwood Cemt.

18. (a) Signature of funeral director Wheatwood Home

(b) Address Nevoada Mo

19. (a) 7-14-45 (b) Bozell B. Bousch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7 year 1945 hour 7 minute 40 M.

21. I hereby certify that I attended the deceased from August 27 1945 to July 7 1945
that I last saw him alive on July 7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus Duration 40 min

Due to leg amputation (post-operative) 24 hrs

Due to NON UNION OLD FRACTURE. 10 1/2 MO

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

Major findings:
Of operations —

Of autopsy —

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 W M Ferry (M. D. or other) MD

Address Nevoada Mo Date signed 7-13-45

1331

RECORDED
Date Filed 7-45-75
Office No. 8-8-45

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Meke E. Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada 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.