

No. 2
M-5-43
5-17-39
X36671

FILED FEB 15 1946

Registration District No. **184**

Primary Registration District No. **3038**

Registrar's No. **11**

1490
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Linn**

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

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

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

In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Ellen Marshall Isley**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **F** / race **W**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **M** /

6. (b) Name of husband or wife **Phillip Isley**

6. (c) Age of husband or wife if alive **86** years

7. Birth date of deceased **June 22, 1870**
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **2**
If less than one day hr. min.

9. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **William Bragg**

{ 13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Mary Jane Barron**

{ 15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Thomas Belshe**

(b) Address **Meadville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-26-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Meadville, Mo.**

18. (a) Signature of funeral director **Rusk Funeral Home**

(b) Address **Brookfield, Mo.**

19. (a) **1/24/46** (Date received local registrar) (b) **Emily Kelly, Deputy** (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn**

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

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

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **24**
year **1946** hour **2** minute **30** a. M.

21. I hereby certify that I attended the deceased from **Jan. 14**
1946, to **Jan. 24**, **1946**;
that I last saw her alive on **Jan. 23**, **1946**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Duration **10 days**

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature **W. H. Potter** (M. D. or other) **80**

Address **Brookfield Mo.** Date signed **1-24-46**

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**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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

Harold B. Wright

Licensed Embalmer No.

3718

P. O. Address

Brookfield, 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.