

FILED MAY 20 1946

Primary Registration District No. 1002

1. PLACE OF DEATH:

Jackson
(a) County Kansas city
(b) City or town Kansas city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4420 Madison /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Michigan 999
(a) State Michigan (b) County Kalamazoo
(c) City or town Vicksburg 20
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME George L. Isaac

3. (b) If veteran, none name war
3. (c) Social Security No. None

4. Sex Male U 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive 10 1873 years
7. Birth date of deceased August (Month) 10 (Day) 1873 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| 72 | 8 | 28 | hr. | min. |

9. Birthplace Malden Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Conductor Retired
Chicago Northwestern

11. Industry or business Allen B. Isaac

12. Name
13. Birthplace Ind. /
(City, town, or county) (State or foreign country)

14. Maiden name PAULINA Begar
(City, town, or county) (State or foreign country)

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

16. (a) Informant Robert J. Issac
(b) Address Vicksburg, Michigan

17. (a) Removal (b) Date thereof 5/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maywood, ILL.
Gates Funeral Home

18. (a) Signature of funeral director
(b) Address 1901 Olathe Blvd. K.C.K.
19. (a) 5-10-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1946 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from 8 May 1946
to 8 May 1946
and that death occurred on the date and hour stated above.
that I last saw him alive on 8 May 1946

Immediate cause of death: Coronary Pectoris 1.5 hrs
Duration

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9/4/46
Of autopsy
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?

While at work? (Specify type of place)
(e) Means of injury

23. Signature of M. D. J. W. Proffitt (M. D. or other)
Address 4080 B. Adams Date signed 9 May 46

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

MOTHER FATHER

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 *O Ross Blanford*

Licensed Embalmer No. *4015*

P. O. Address *411 State Line*

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.