S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26843

State File No.

FILED AUG 28 1946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 649

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 909 South Newton (parents address) 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARSHA CARROL ISAAC
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced infant 0
6. (b) Name of husband or wife infant
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased July 31, 1946 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	5	hr. min.

9. Birthplace Springfield, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation INFANT
11. Industry or business
MOTHER FATHER
12. Name Mark E. Isaac
13. Birthplace Unknown Missouri 0 (City, town, or county) (State or foreign country)
14. Maiden name Jeanette Jewell Markum
15. Birthplace Unknown Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mark E. Isaac (father)
(b) Address 909 S. Newton, SPFD., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation MAPLE PARK CEMETERY
18. (a) Signature of funeral director ALMA LOHMEYE R FUNERAL HOME
(b) Address SPRINGFIELD, MISSOURI
19. (a) 8-6-46 (Date received local registrar) (b) E W Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1946 hour 7 minute 10 A. M.
21. I hereby certify that I attended the deceased from July 31, 1946, to July 7, 1946, that I last saw her alive on 7 Aug, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sub arachnoid Hemorrhage (Intra Cranial Hemorrhage)	7 days
Due to Birth trauma (Fractured Occiput Parietal bones)	
Due to	
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.

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 0
23. Signature R Medwhite (M. D. or other) MD
Address Wardwell Bldg Springfield Mo. Date signed 6 Aug 46

(Licensed Embalmer's Statement on Reverse Side)

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

111

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not 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, fact should be so stated above.