V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8739

Registration District No. 132 Primary Registration District No. 3021 Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

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

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

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community Lifetime.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~County~~ Grundy 41

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

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

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Benjiman Franklin Ishmael

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Amanda Ellen Ishmael

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

7. Birth date of deceased November (Month) 9 (Day) 1867 (Year)

8. AGE: Years 79 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Grundy County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business

FATHER
12. Name Benjiman Ishmael
13. Birthplace Kentucky ~~Missouri~~ (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Martin
15. Birthplace Missouri D (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rhoda Cox

(b) Address Laredo Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Laredo Cemetary

18. (a) Signature of funeral director E.J. Robertson Funeral Home

(b) Address Laredo Mo.

19. (a) 2/16/47 (Date received local registrar) (b) Irene Farr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 15 year 1947 hour 1 minute P M.

21. I hereby certify that I attended the deceased from 2/14/47 2/15, 1947 to , 19 ; that I last saw him alive on Feby 15, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fracture of hip	1
Due to Fall	
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) Accident 41

(b) Date of occurrence 2/14/47

(c) Where did injury occur? Lie Home (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 Fall

23. Signature E J Lewis (M. D. or other)

Address Thurston Mo Date signed 2/17/47

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(Licensed Embalmer's Statement on Reverse Side)

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.