

No. 2  
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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 28 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **13500**  
Registrar's No. **1781**

Registration District No. **149** Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Research Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
In this community **40 years**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **John H. ISOM**  
**ISOM MR John H**  
**3. (b) If veteran, name war** **No** **3. (c) Social Security No.** **496-07-8513**

**4. Sex** **Male** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Anna E. Isom** **6. (c) Age of husband or wife if alive** **57** years  
**7. Birth date of deceased** **August 3, 1885**  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	<b>61</b>	<b>8</b>	<b>14</b>	hr. min.

**9. Birthplace** **Grayson County** **Virg.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Carpenter**

**11. Industry or business** **Self Employed**

MOTHER FATHER

**12. Name** **Daniel Isom**  
**13. Birthplace** **Unknown** **Virg.**  
(State or foreign country)  
**14. Maiden name** **Sally Williams**  
**15. Birthplace** **Unknown** **Virg.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Anna E. Isom**  
**(b) Address** **2247 Spruce, K.C. Mo.**

**17. (a) Burial** **(b) Date thereof** **4-21-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **St. Marys Cemetery**

**18. (a) Signature of funeral director** **Melody-McGilley-Eylar**

**(b) Address** **1800 Linwood Blvd. K.C. Mo.**

**19. (a) 4-19-47** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2247 Spruce** **8**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **17th**  
year **1947** hour **10** minute **20 A.M.**

**21. I hereby certify that I attended the deceased from** **4-15-47**  
**1** / **19** to **4-17** **1947**  
that I last saw him alive on **4-17** **1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure** **Duration**

Due to **Coronary thrombosis**

Due to

Other conditions **multiple pleural effusions**  
(Include pregnancy within 3 months of death)

**of Varicella (non-malignant)** **PHYSICIAN**  
Major findings: Of operations

Of autopsy **gva**  
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** **T. E. McMillan** (M. D.)  
Address **1019 Prof Bldg** Date signed **4-19-47**

**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 *Blair E. Heck*.....

Licensed Embalmer No. *4063*.....

P. O. Address. *K.C. 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.**