

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Jasper  
 (b) City or town Joplin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1609 Indiana Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community All His Life \_\_\_\_\_ (Yes or No)  
 \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Fredrick LeRoy Isbell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. A41-05-5457

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lola Isbell 6. (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased January 13 1894  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 3 0 hr. min.

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

10. Usual occupation Miner  
 11. Industry or business Eagle Picher Mining Co.

MOTHER FATHER { 12. Name Benjamin Isbell  
 13. Birthplace Iowa  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mollie Brewen  
 15. Birthplace Granby Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lola Isbell  
 (b) Address 1601 Indiana  
 17. (a) Burial (b) Date thereof 4-15-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.  
 (b) Address Joplin, Mo.  
 19. (a) 4-15-47 (b) Robert Lamphkins  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper 49  
 (c) City or town Joplin  
 (If outside city or town limits, write "RURAL") 2  
 (d) Street No. 1609 Indiana  
 (If rural, give location) 0  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION.**

20. DATE OF DEATH: Month April day 13th  
 year 1947 hour 8:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from  
November 1945, to April 13 1947;  
 that I last saw him alive on April 13 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Pulmonary Tuberculosis 18  
months

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
 Of operations B B  
 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?  
 \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ Means of injury 2

23. Signature [Signature] (or other) D.O.  
 Address Joplin, Mo. Date signed 4-14-47

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

49-4-372

AUG 12 1952

MAY 20 1947

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 *Terry K. Furbush*

Licensed Embalmer No. *959*

P. O. Address *Joplin 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.