

S. No. 2
M. 9-4-41
v. 5-17-39
P. I. X29484

20140

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 813

FILED JUL 14 1947

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs 2 mos 15 days
(Specify whether in this community, years, months or days) 11 yrs - 2 mos - 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL.")
(d) Street No. 5427 629th St
(If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Inez Isenberg
3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced operated
6. (b) Name of husband or wife C Isenberg 6. (c) Age of husband or wife if alive not given years
7. Birth date of deceased Nov 5 1899 (Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Olathe Kansas (City, town, or county) (State or foreign country)

10. Usual occupation house work

11. Industry or business at home

MOTHER FATHER
12. Name John Craven Lang
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Edna Ellen Hewitt
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant J M Lang

(b) Address 1727 16th St Kansas City

17. (a) buried (b) Date thereof 6-30-47 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kansas

18. (a) Signature of funeral director William H. ...

(b) Address 1404 So 37th St. N. C. Mo.

19. (a) 7-2-47 (Date received local registrar) (b) B. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30 year 1947 hour 12⁰⁰ minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1st 1947 to 6-30 1947 and that I last saw her alive on 6-1-30 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia with pericardial effusion Duration 1 wks

Due to Influenza a few days

Due to _____

Other conditions 238 (Include pregnancy within 3 months of death)

Major findings: neg Of operations _____

Of autopsy Not completed

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 B. B. Jenkins (Name or other) _____

Address State Hospital #2 Date signed 6/30/47

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.....
not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. Johnson

Licensed Embalmer No.....

3903

P. O. Address.....

150K

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.