No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24596

FILED AUG 7 1947

Registration District No. 6293 — Primary Registration District No. 6293 — Registrar's No. 163

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Jasper "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Fredrick ISENMANN
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora Vanier Isenmann
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May (Month) 24, (Day) 1880 (Year)

8. AGE: Years 67 Months 2 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Jasper County, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John Isenmann
13. Birthplace Baten, (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Sarah Layman
15. Birthplace Unknown (City, town, or county) Penn. 1 (State or foreign country)
16. (a) Informant Mr. George W. Isenmann
(b) Address Route #1 Jasper, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 30 (Day) 47 (Year)
(c) Place: burial or cremation Mitchell Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.
19. (a) 7-29-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th.
year 1947 hour 2:45 minute A. M.
21. I hereby certify that I attended the deceased from ..... to ..... 19.....;
that I last saw him alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Did not attend

Immediate cause of death Shot self — with
Due to 16 Ga Shot Gun —
Due to Right side — Left
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

Coroner's Investigation

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 7/27/47
(c) Where did injury occur? Jasper RR#1 (City or town) (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury 16 Ga. Shot Gun
23. Signature D. W. Dewitt (M. D. or other) Do 2
Address 214 Joplin Date signed 7/29/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

478-612

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 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.