

S. No. 2
1-1/47
5-17-39

5850

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 27 1948

Registration District No. 249

Primary Registration District No. 3056

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Apex Rollins
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 408 W. Rollins
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Isaac C. Mohr

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 Married

6. (b) Name of husband or wife Hannah

6. (c) Age of husband or wife if alive 71 years (Month) (Day) (Year)

7. Birth date of deceased 6-28-1875

8. AGE: Years Months Days If less than one day

72 7 15 hr. min.

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

10. Usual occupation laborer

11. Industry or business

12. Name Phillip Mohr

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clouey Betty

(b) Address Chicago Illinois

17. (a) Burial (b) Date thereof 2-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.

18. (a) Signature of funeral director Walter Miller

(b) Address Moberly Missouri

19. (a) 2-16-48 (b) Walter Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 10 1948 to Feb 13 1948
that I last saw him alive on Feb 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 24 hrs

Due to Inflammation of Mediastinum

Due to Acute Indigestion

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95 A

Of autopsy

PHYSICIAN
Underline the cause of 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? (e) Means of injury 1

23. Signature Chas. Williams (M.D. or other) DR
Address 407 So. Williams Date signed 2-15-48

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

RECEIVED
District Health Officer No. 10
District File Number 2-48282
Date Filed FEB 25 1948

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 _____

Licensed Embalmer No. 3957

P. O. Address Moberly, Missouri

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.