S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13699

Registration District No. 2481 | Primary Registration District No. 3056 | Registrar's No. 98

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: 728 W. Rollins
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 728 W. Rollins
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Victor Lee Isenhart
3. (b) If veteran, name war
3. (c) Social Security No. 492-14-0493

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 17th (Day) 1911 (Year)

8. AGE: Years 36 | Months 6 | Days 16 | If less than one day hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Interior Decorator
11. Industry or business

FATHER
12. Name Elmer V. Isenhart
13. Birthplace Ia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophronia Greig
15. Birthplace Ia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sophronia Isenhart
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 5 48 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo.
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) Apr 5 - 48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd year 1948 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from Jan 1 1948 to April 3 1948 and that I last saw him alive on April 3 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Instant — Duration
Due to: hypertension
Due to: CVD myocarditis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: Of autopsy: None

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 0
23. Signature H. Z. Bumpfus (M.D. or other)
Address Moberly Date signed 4-5-48

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

RECEIVED
District Health Officer No. 10
District File Number 4-48-708
APR 14 1948
Date Filed

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.