No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16388

Registrar's No. 2135

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3105 Prospect Avenue 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Earl Paxon ISAACS

3. (b) If veteran, name war WW-I

3. (c) Social Security No. 494-14-0818

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Margaret M. Isaacs

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased September (Month) 27, (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	7	23	hr. min.

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

10. Usual occupation Hospital Orderly

11. Industry or business St. Joseph Hospital

FATHER
12. Name Samuel Isaacs 0
13. Birthplace Scotland Co., (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Millie Wheeler
15. Birthplace Scotland Co., (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Margaret M. Isaacs
(b) Address 3105 Prospect Ave., K.C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ft. Leavenworth, Ks.

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 5-21-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th
year 1948 hour 11 minute 20 A M.

21. I hereby certify that I attended the deceased from 1947 — 19 , to 5-20 1948
that I last saw him alive on 5-20 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Massive Cerebral Hemorrhage	48 hrs
Due to	
Due to Hypertension	yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 83W

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

23. Signature [signature] (M. D. or other) MD
Address K.C. Mo Date signed 5-20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 1948

JUL 1 1948

3105 Prospect (3)

Irvine Earl P.

Cath (64)

5 28

L1-6500 - April 37

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. 2999

P. O. Address .....

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.