

FILED FEB 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2092

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5913 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Bois Brule</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Bois Brule</u>	
c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>McBride, Missouri R#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>	b. (Middle) <u>Louis</u>	c. (Last) <u>Isenberg</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan.</u> <u>24</u> <u>1949</u>
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5. SEX <u>Males</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 14 - 1877</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>16</u>	IF UNDER 4 HRS. Hours <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Friedheim, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry Isenberg</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Bangert</u>	14. NAME OF HUSBAND OR WIFE <u>Pauline Isenberg</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Years, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Oscar C. Bierschack</u>	ADDRESS <u>McBride</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs. 7 mo.</u> <u>2 yrs. plus</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerosis, general</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Dec 16, 1946, to Jan 24, 1949, that I last saw the deceased alive on Jan 20, 1949, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Theodore Fischer, M.D.</u>	23b. ADDRESS <u>Attenberg, Missouri</u>	23c. DATE SIGNED <u>1/24/48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 26 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perryville Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 25 - 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Young &amp; Sons</u>	ADDRESS <u>Perryville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4  
File Number 249-208  
Date Filed 2-8-49

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Wallace Young

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4027

P. O. Address Peirsville 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.