

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33878**

Registrar's No. **4518**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4518</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 38 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 3108 E. 19th. St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3108 E. 19th. St.				d. STREET ADDRESS (If rural, give location) 3108 E. 19th. St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Nannie		b. (Middle)		c. (Last) Isom	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
Oct.		22		1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 1, 1871	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 7 Days 21	IF UNDER 1 MRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Menn Isom		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Thomas M. Isom			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charles L. Isom		ADDRESS 3108 E. 19th. St	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		ANTECEDENT CAUSES				1 day	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				14 days	
DUE TO (b) Cerebral Hemorrhage		DUE TO (c) General Arterio-Sclerosis				over 6 years	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerotic gangrene.				6 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3317				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from March 17, 1943 , to Oct 22, 1949 that I last saw the deceased alive on Oct 21, 1949 and that death occurred at 8:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Robert Jansen				23b. ADDRESS M.D. 2220 E 31st St		23c. DATE SIGNED 10-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 24, 1949		24c. NAME OF CEMETERY OR CREMATORY Green Lawn Ceme.		24d. LOCATION (City, town, or county) (State) Kansas City	
DATE REC'D BY LOCAL REG. 10-22-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons			
				ADDRESS 4139 E. 15th. St.			

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

Mr Robert James
22-20-EL 31st St

Di-181
2 per cent solution

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.

Student
Student Embalmer

Signed William H. Cary

Licensed Embalmer No. 4728

P. O. Address W.C., 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.