

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 5 1950 STANDARD CERTIFICATE OF DEATH

9137
State File No. 128

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		d. STREET ADDRESS (If rural, give location) 2903 South Crysler	

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) G.	c. (Last) ISRAEL	4. DATE OF DEATH (Month) (Day) (Year) March 30, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 11, 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days Hours Min. 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Clerk	10b. KIND OF BUSINESS OR INDUSTRY Railway Mail	11. BIRTHPLACE (State or foreign country) Memphis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John E. Israel	13b. MOTHER'S MAIDEN NAME Harriett	14. NAME OF HUSBAND OR WIFE Emma V. Israel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma V. Israel, Independence, Mo.
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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 48 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis? DUE TO (c) Aortic Arteriosclerosis (Calcific)		4:30

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Mar. 23, 1950, to Mar. 30, 1950, that I last saw the deceased alive on Mar. 30, 1950, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE Chas. Grabeke (Degree or title) M.D.	23b. ADDRESS Independence, Mo	23c. DATE SIGNED 3/30/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/1/50	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Memphis, Missouri
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DATE REC'D BY LOCAL REG. Mar-31-1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland R. Speaks, Independence, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

484

APR 1 REED

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.....

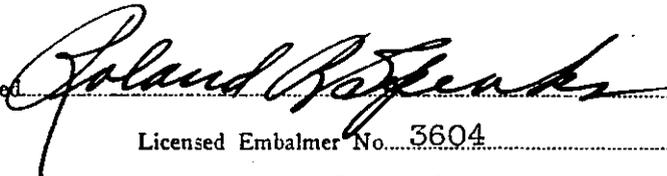
..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 3604

P. O. Address Independence, 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.