

No. 2
-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30091

FILED OCT 3 1946
Registration District No. 137

Primary Registration District No. 3023

State File No. _____
Registrar's No. 172

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
600 E Grand River St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Clinton, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 600 E Grand River St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY CATHERINE ISAACS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 9
year 1946 hour 9 minute 40 P.M.

4. Sex Fem 5. Color or race wh
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Albert Isaacs
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 4 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/16, 1945 to 7-8, 1946
that I last saw her alive on 7-8, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 11 Days 4
If less than one day _____ hr. _____ min.

Immediate cause of death
Araxmia
Pulmonary Edema
Due to Coronary Disease

9. Birthplace Joplinville Ky
(City, town, or county) (State or foreign country)
10. Usual occupation same work

Due to Hypertension
Other conditions (include presence within 3 months of death)
Diabetes

11. Industry or business _____
12. Name Robert Hamilton
13. Birthplace Clinton Co Ky
(City, town, or county) (State or foreign country)
14. Maiden name Genevieve Miller
15. Birthplace Clinton Co Ky
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Anna Hamilton
(b) Address Clinton, Mo
17. (a) Burial (b) Date thereof 7/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Egglewood

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Conrad Beck
(b) Address Clinton, Mo
19. (a) 9-9-46 (b) R. R. Remy
(Date received local registrar) (Registrar's signature)

23. Signatures E. C. Decker (M. D. or other)
Address Clinton, Mo Date signed 7/9/46

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

MOTHER FATHER

120

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Dissection Officer No. 7,

Dist. No. 9-46-959

Date Filed 10-2-46

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 J. E. Conroy

Licensed Embalmer No. 1891

P. O. Address Chilton 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.