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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

NOV 19 1940

State File No. 34702

Registration District No. 30 Primary Registration District No. 3003 Registrar's No. 52

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 105 Maple St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 105 Maple St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Luther Clayton Isbell
3. (b) If veteran, name war No
3. (c) Social Security No. 500-01-2996
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Isbell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 4, 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
46	6	28	hr. min.

9. Birthplace Miller (City, town, or county) Missouri (State or foreign country)
10. Usual occupation W. P. A.
11. Industry or business

MOTHER FATHER
12. Name Charles Isbell
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name Vandy Sanders
15. Birthplace (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Mrs. Emma Isbell
(b) Address 105 Maple St., Monett, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation I. O. O. F. Cemetery
18. (a) Signature of funeral director Callaway
(b) Address Monett Mo.
19. (a) 10-3-1940 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2 year 1940 hour 1 AM minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept. 29 1940 to Oct. 2 1940 that I last saw him alive on Sept. 29 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of lungs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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? 31
While at work? (Specify type of place) (e) Means of injury

23. Signature L. H. Fitzgerald (M. D. or other)
Address Monett, Mo. Date signed 10-30-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1140-38-54
Date Filed NOV 13 1940 NOV 13 1940

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 J. W. Buchanan, Registered Apprentice No. ..... working under my personal supervision.

Signed J. W. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.