

No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI-STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28395

FILED SEP 10 1943

Registration District No. 28

Primary Registration District No. 3017

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 4 1/2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOSEPH ISHMAEL

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Jane Ishmael
6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 12 27 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 14
If less than one day hr. min.

9. Birthplace Grundy Co. Mo. (State or foreign country)

10. Usual occupation Farmer

11. INDUSTRY OR BUSINESS OF DECEASED
MOTHER FATHER {
12. Name Robert F. Ishmael
13. Birthplace not known (State or foreign country)
14. Maiden name Elizabeth Root
15. Birthplace not known (State or foreign country)

16. (a) Informant Robert A. Ishmael
(b) Address 1318 E. 13th St. Trenton

17. (a) Burial (b) Date thereof 5 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grundy Cemetery, Trenton

18. (a) Signature of funeral director E. F. Robertson
(b) Address Trenton, Mo.

19. (a) 5-13-41 (b) Sam D. Saw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1941 hour 1 minute 20 a.m.

21. I hereby certify that I attended the deceased from May 11 1941 to May 11 1941 that I last saw him alive on May 11 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) H6

Major findings: Of operations
Of autopsy

Duration
17
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?

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

23. Signature W. H. ... (M. D. or other)
Address Trenton Mo Date signed 5/12/41

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 *E. J. Robertson*
Licensed Embalmer No. *2415*
P. O. Address *Fairfax, Va.*

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, above space should be left blank.