
In Memory of



CADET MAJOR FORREST RENE IZAC
GORDONSVILLE, VIRGINIA
DIED JANUARY 7, 1953

The untimely death of Cadet Major Izac was a shock to all who knew him; a graduate of the Academy in June 1952 he was an honor student and had been a loyal student during his years here. He had earned for himself an honored place among the many others who have graduated from the Academy and taken their place in our great country.

*To live in hearts we leave behind
Is not to die.*

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Registration
District No. 540

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

State File No. 2124
Registered No. 1

The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH a. COUNTY <u>Louisa Co. Green Spring</u>		MAGISTERIAL DISTRICT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Washington D.C.</u> b. COUNTY	
b. CITY OR TOWN <u>Green Spring Depot</u>		☐ Inside } Corporate Limits ☒ Outside }		c. CITY OR TOWN <u>Washington D.C.</u> ☒ Inside } Corporate Limits ☐ Outside }	
c. HOSPITAL OR INSTITUTION <u>PO.</u>		d. LENGTH OF STAY		d. STREET ADDRESS (If rural, give mailing address) <u>2901 129th St. N.W. X</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Forrest</u> b. (Middle) <u>Rene</u> c. (Last) <u>Pierre Izac</u>		4. DATE OF DEATH Jan 5, 1953			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>MAY 26 1933</u>	9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sullivan School</u>		11. BIRTHPLACE (State or foreign country) <u>SAN Diego CALIFORNIA</u>	
13. FATHER'S NAME <u>Edouard Victor Michel Izac.</u>		14. MOTHER'S MARDEN NAME <u>Agnes Cabell</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
15. NAME OF HUSBAND OR WIFE OF DECEASED -----		17. INFORMANT'S SIGNATURE <u>MR. E.V. MIZAC.</u>		ADDRESS <u>Washington, D.C.</u>	
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, as-thenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>tempt with a .22 cal. rifle.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>very short estimated</u> 20. AUTOPSY? YES ☐ NO ☒	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
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 COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Jan 5 1953 11:00 m.</u>		21e. INJURY OCCURRED While at ☐ Not While ☐ Work at Work ☐		21f. HOW DID INJURY OCCUR? <u>Self inflicted</u> <u>2</u>	
22. I hereby certify that I attended the deceased from <u>examined</u> , 19 <u>body was dead</u> , that I last saw the deceased alive on <u>11:30 p.m.</u> , 19 <u>from the causes and on the date stated above.</u>					
23a. SIGNATURE <u>H. S. Daniel M.D. coroner</u>		23b. ADDRESS <u>Louisa Va</u>		23c. DATE SIGNED <u>Jan. 2/1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JAN. 9 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ARLINGTON Nat. Ceme.</u>	
24d. LOCATION (City, town, or county) <u>ARLINGTON Virginia.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Reddy's Funeral Home,</u>		ADDRESS <u>Gordonsville, Virginia.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jan. 1953 W Perry Proctor</u>					

SELECTIVE SERVICE SYSTEM
REGISTRATION CARD

SELECTIVE SERVICE NUMBER

49 2 33 15

[Registrar will not enter Selective
Service number]

1. Name

Izac Forrest Rene
(Last) (First) (Middle)

2. Place of residence

2901 29th St., N. W., Washington, D. C.
(City, town, village, or county) (State)

[The place of residence given on the line above will determine Local Board
jurisdiction]

3. Mailing address

2901 29th St., N. W., Washington, D. C.

4. Name and address of person who will always know your address

Mr. Ed V. Izac, 2901 29th St., N. W., Washington, D. C.
(Name) (Address)

5. Date of birth

May 26 1933
(Month) (Day) (Year)

6. Place of birth

San Diego, Calif.
(City, town, village, or county) (State or country)

7. Occupation

Student

8. Firm or individual by whom employed

9. Nature of business, service rendered, or chief product

10. Place of employment or business

Fork Union Military Academy, Fork Union, Virginia
(Number and street or R. F. D. number) (Town) (County) (State)

11. Local board with which registered under Selective Training and Service Act of 1940, as amended

12. Were you ever rejected for service in the armed forces? Yes ☐ No ☒ When? _____

13. Marital status: Single ☒ Married ☐ [Living with wife ☐ Separated ☐
Divorced ☐ Widower ☐] Father ☐ (Over)