FILED OCT 26 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33112
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph
(b) Township
(c) City Moberly
Registration District No. 735
Primary Registration District No. 3034
Registered No. 180
(d) Street No. 519 Barrow St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. ✓ mos. ✓ ds. (f) How long in U. S., if of foreign birth? 50 yrs. — mos. ✓ ds.

2. PRINT FULL NAME Henry Eisenhauer Jr.

(a) Residence, No. 519 Barrow St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa M Eisenhauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13th 1872

7. AGE: Years 65 | Months 10 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) July 5th 1937
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME John Eisenhauer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Marie Held
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Rosa M Eisenhauer Moberly

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo DATE Sept 18th 1937

19. FUNERAL DIRECTOR (NAME) Mahan & Mahan
(ADDRESS) Moberly Mo

20. FILED Sept 16, 1938 Ethel Gleeter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 15th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 5th 1937 to Sept 15th 1938, I last saw h. alive on Sept 15th 1938. Death is said to have occurred on the date stated above, at 11 o'clock p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. E. Gunsaulus M. D.
(Address) Moberly Mo.

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-38-358
Date Filed 10-8-38

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 Frank B. DeMe

Licensed Embalmer No. 3021

P. O. Address Moberly, C

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

If this body is not embalmed, above space should be left blank.