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X23159

State File No. _____

FILED MAY 10 1941

Registration District No. _____

Primary Registration District No. 5618

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Hallade

(b) City or town Habaron Mo R5-050

(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 _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Halledi 53

(c) City or town Habaron Mo R5-0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural R
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Mary Eisenstein

3. (b) If veteran, name war ✓

3. (c) Social Security No. reun

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 6 1941
year: 1941 hour about minute 0 AM.

4. Sex F 1. Color or race white

5. (a) Single, widowed, married, divorced Widow

6. (a) Name of husband or wife Ever Eisenstein 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Feb 16 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-4-41 to 6-6-41 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 1 Days 20 If less than one day _____ hr. _____ min.

Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

9. Birthplace _____
(City, town, or county) (State or foreign country)

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

Major findings: Broken hip

Of autopsy _____

10. Usual occupation Housewife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name J. F. Miller

13. Birthplace Wentzau 9
(City, town, or county) (State or foreign country)

14. Maiden name Wentzau

15. Birthplace Wentzau 9
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 063

(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? _____

16. (a) Informant Maud Eisenstein

(b) Address 140 No. Oakley K. C. Mo.

17. (a) burial (b) Date thereof 4-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapman Cemetery

While at work? 404 (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director E. N. Stewart

(b) Address Habaron Mo R5-0

19. (a) 4-7-41 (b) J. A. McCoub
(Date received local registrar) (Registrar's signature)

23. Signature J. A. McCoub (M. D. or other) 0

Address _____ Date signed _____

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

3

1953
99

RECEIVED

District Health Officer No. 7,

District File Number 5-41-834

Date Filed 5-9-41

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 1885

E. N. Stewart

Registered Apprentice No.

working under my personal supervision.

Signed E. N. Stewart

Licensed Embalmer No. 1885

P. O. Address Lebanon 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 449

Primary Registration District No. 5618

Registrar's No. _____

1. PLACE OF DEATH:

(a) County, Laclede

(b) City or town, Osage
(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 _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Eleonore

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year _____

7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 78 Months 1 Days 20
If less than one day _____ hr _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-21-41 (b) Jam'comb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 6
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

Due to _____

Due to _____

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

Major findings: Broken Hip

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 5-20-41

(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? _____
at home

While at work? no (Specify type of place) _____ (e) Means of injury Fall

23. Signature Jam'comb (M. D. or other) _____

Address Laboron Date signed _____

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

MOTHER FATHER

SUPPLEMENTAL

PHYSICIAN
Underline the cause to which death should be charged statistically.

