

REC'D APR 20 1938

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

 11068
 Do not use this space.

 1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township Palau Primary Registration District No. 2002 Registered at
 (c) City Joplin (d) Street No. Freeman Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

 2. PRINT FULL NAME RUTH EISEN 250
 (a) Residence, No. 1048 Penn. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1919

 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 2 4

 OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

 12. BIRTHPLACE (CITY OR TOWN) Warsaw (STATE OR COUNTRY) Poland

 FATHER 13. NAME Sal Eisen

 14. BIRTHPLACE (CITY OR TOWN) Palau (STATE OR COUNTRY)

 MOTHER 15. MAIDEN NAME Ida

 16. BIRTHPLACE (CITY OR TOWN) Palau (STATE OR COUNTRY)

 17. INFORMANT Sal Eisen (ADDRESS) 1048 - Penn - Joplin, Mo.

 18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE March 2, 1938

 19. FUNERAL DIRECTOR Zapher Mortuary (ADDRESS) 132 Joplin St. Joplin, Mo.

 20. FILED 3-4, 1938 Ed Djarre Local Registrar.

MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1938

 22. I HEREBY CERTIFY, That I attended deceased from Feb - 20, 1938 to Mar 1, 1938

 I last saw him OR alive on Mar 1, 1938 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

Neuro-Circulatory Collapse
Pneumonia Post-operative
 Date of onset 3-1-38
2-22-38

Other contributory causes of importance:

Spite Appendicitis
 Name of operation Appendectomy Date of 2-20-38
 What test confirmed diagnosis? Lab + Phy. Was there an autopsy? No.

 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 No record
 Nature of injury

 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

 (Signed) Ed Djarre, M. D.
Joplin Mo. (Address) 372

STATEMENT BY LICENSED EMBALMER

I, Allen E. Lanpher, Licensed Embalmer No. 3574

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Allen E. Lanpher

Licensed Embalmer No. 3574

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.)