

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: 205 N. Pearl St
(d) Length of stay: In hospital or institution 2
In this community 60 years

8. (a) PRINT FULL NAME RADI KLEIN

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married divorced Married

6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 5-1861

8. AGE: Years 79 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Germany

10. Usual occupation Retail Clothing

11. Industry or business

12. Name Julius Klein

13. Birthplace Germany

14. Maiden name Ester Saldstein

15. Birthplace Germany

16. (a) Informant Jay Klein

(b) Address Joplin

17. (a) Burial (b) Date thereof Sept 12-40

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Charles Diller

(b) Address 4000

19. (a) 9-12-40 (b) Ed D. Janner

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 205 N. Pearl St
(e) If foreign born, how long in U. S. A. 1881 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1940 hour 9:45 minute A M.

21. I hereby certify that I attended the deceased from at death

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death

Probable Myocarditis

Due to Acute dilatation of heart

Due to

Other conditions (Include pregnancy within 3 months of death) 900

Major findings: Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

370 While at work?

(e) Means of injury

23. Signature [Signature] (M. D. or other) W.D.

Address Joplin, Mo. Date signed 9/12/40

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

MOTHER FATHER

9 75

moody

OCT 10 1940

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..... *David Hillon*

Licensed Embalmer No..... *3898*

P. O. Address..... *Joplin, 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, above space should be left blank.