

FILED NOV 14 1942

Registration District No. 42

Primary Registration District No. 3007

Registrar's No. 351

1. PLACE OF DEATH:

(a) County Walter
(b) City or town Poplar Bluff
(c) Name of hospital or institution:
Leary Lee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
Specify whether
In this community 1
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Malden
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Isadore Rosenthal

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 55 Months Days If less than one day hr. min.

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

10. Usual occupation shoe-maker

11. Industry or business

12. Name Phillip Rosenthal

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Isadore Rosenthal

(b) Address Chicago, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-42
(Month) (Day) (Year)

(c) Place: burial or cremation Baltimore, Maryland

18. (a) Signature of funeral director Brover Ferguson

(b) Address Malden, Missouri

19. (a) 11-5-42 (Date received local registrar) (b) Belle Kinnel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day Oct.
year 7 hour A.M. minute 10 M.

21. I hereby certify that I attended the deceased from Oct. 27, 1942 to Oct. 29, 1942
that I last saw him alive on Oct. 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Seborrheic Pneumonia Duration 3 days

Due to

Due to 108

Other conditions 108
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations
Of autopsy

Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)

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

While at work? 108 (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or Other) 10/29/42
Address Poplar Bluff, Mo Date signed 10/29/42

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

12
6273

Removal

RECEIVED
District Health Office No. 2,
District File Number 1142-1431
Date Filed 11-9-42

JAN 5 1943

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 *George Jensen*
Licensed Embalmer No. 4270
P. O. Address Malden, 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.