

S. No. 2  
M-5-42  
5-17-39  
I X32273

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31859

State File No.

Registrar's No. 550

Registration District No. 56

Primary Registration District No. 2001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
49  
5-2

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether)

In this community 71 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 323 South Cox  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Phillip Lisch

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Malinda Margaret Lisch alive years

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

7. Birth date of deceased Jan. 20, 1857  
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Chester Illinois; 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Employee

11. Industry or business Joplin Gas Service Co.;

12. Name Phillip A. Lisch

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

14. Maiden name Grace Rodeman

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

16. (a) Informant Charles Lisch

(b) Address 227 N. Pearl St.; Joplin Mo.;

17. (a) Burial (b) Date thereof 9-30-43;  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery.

18. (a) Signature of funeral director Hurlbut Und. Co.;

(b) Address Joplin Mo.;

19. (a) 9-28-43 (b) J. J. S. S. S.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 27 day 1943  
year 7-00 hour P.M. minute M.

21. I hereby certify that I attended the deceased from 9 17 43 to 9 27 43  
that I last saw him alive on 9 27 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Myocardial Infarction } Several  
due to Myocardial Infarction } years

Other conditions 93d  
(Include pregnancy within 3 months of death)

Duration 6 mo

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

Major findings: Of operations 93d

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

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

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

23. Signature J. J. S. S. S. (M. D. or other) \_\_\_\_\_  
Address Joplin Mo. Date signed 9/25/43

43-9-825-

**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

*Henry K. Furber*

Licensed Embalmer No. *959*

P. O. Address *Spring Hill*

**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.**