

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19474**  
Registrar's No. **2660**

FILED JUL 3 1945  
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:  
**Menorah Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6-8-45-6-21-45**  
(Specify whether years, months or days)

In this community **45 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**

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

(d) Street No. **5548 Tracy**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JULIA EISEN**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Abe M. Eisen**

6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **Oct. 7, 1896**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>48</b>	<b>8</b>	<b>14</b>	hr. min.

9. Birthplace **Chicago ILL.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home Duties**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **J.B. Lefkowitz**

13. Birthplace **Not Known Austria**  
(City, town, or county) (State or foreign country)

14. Maiden name **Not Known**

15. Birthplace **Not Known**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Abe M. Eisen**

(b) Address **5548 Tracy**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **June 22 1945**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Carmel Cemetery**

18. (a) Signature of funeral director **J.P. Louis Funeral Home**  
**3400 Woodland**

(b) Address \_\_\_\_\_

19. (a) **6-23-45** (Date received local registrar)

(b) **Steraldine Holms** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**  
year **1945** hour **3** minute **A.M.**

21. I hereby certify that I attended the deceased from **3-5-44** 19, to **6-21-45** 19, and that death occurred on the date and hour stated above.

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19, \_\_\_\_\_

Immediate cause of death **Chronic lymphatic leukemia.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_  
(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 **P. Sophiein** (M. D. or other)

Address **1405 Belmont Bldg** Date signed **June 22 1945**

Duration

**3 years**

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 Ray Ruffington  
Licensed Embalmer No. 2756  
P. O. Address 12 E MD

**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.**