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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21065

Registration District No. JKER JUL 3 1945

Primary Registration District No. 3056

Registrar's No. 11.1

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 630 W. Bogan St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leo Eisenstein
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 Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 19th (Day) 1878 (Year)
8. AGE: Years 66 Months 11 Days 23 If less than one day hr. min.
9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
FATHER 12. Name Albert Eisenstein
FATHER 13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Minnie Cohen
MOTHER 15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Stella Eisenstein
(b) Address Moberly, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14th 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo
18. (a) Signature of funeral director Mahaw and Son
(b) Address Moberly Mo
19. (a) 6-12-45 (Date received local registrar) (b) Irma Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1945 hour 8 minute a M.
21. I hereby certify that I attended the deceased from June 1, 1944, to June 12, 1945 that I last saw him alive on June 12, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Melanotic tumor of neck
Carcinoma

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
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? (Specify type of place)
(e) While at work? (f) Means of injury
23. Signature H. L. McCormick (M. D. or other)
Address Moberly Mo Date signed 6-12-45

1036 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 5 1945
District Health Officer No. 10
District File Number 7-45-1018
Date Filed JUL 2 1945

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 Frank B. Scott

Licensed Embalmer No. 3121

P. O. Address Moberly, 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.