51
25 1929
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11288

1. PLACE OF DEATH
County Johnson
Township ~~Warrensburg,~~
City Warrensburg,
Registration District No. 431
Primary Registration District No. 3023
File No.
Registered No.
(No. ..... St. ..... Ward)

2. FULL NAME Rudolph Loebenstein
(a) Residence. No. Holden & Pine St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ———

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov, 11. 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	4	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Insurance Agent
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Atchison
(STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER Bernhard Loebenstein,
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Sarah Aaron
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Dr Sam Leoebenstein
(Address) 1326 E Armpur , K. C. MO.

15. FILED 3/20 1929 Wm R Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 18, 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 18th, 1929, to Mar 18th, 1929 that I last saw him alive on Mar 18th, 1929, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
930
97 Several Months (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Sclerosis of arteries Several (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) John T Anderson, M. D
, 19 (Address) Warrensburg Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sedalia, Missouri
DATE OF BURIAL March 20 1929

20. UNDERTAKER Sweeney Gore & Co
ADDRESS Warrensburg Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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