

WE 3563 Res

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1193

FEB 19 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kennett Primary Registration District No. 1002
City Kansas City, Mo (No. 3241) Seelman Road St. _____ Ward _____

File No. _____
Registered No. 59
St. _____ Ward _____

2. FULL NAME Maurice M. Rabin

(a) Residence, No. 3241 Seelman Road 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 9 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut

13. NAME David Rabin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Hannah Dash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Mrs Rabin
3241 Seelman Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Jan 7, 1935

19. UNDERTAKER (ADDRESS) Joseph J. Johnson
302 1/2 Franklin

20. FILED 1-6 1935 M. M. Crowe ass't
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5-1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1934 to Jan 5 1935
I last saw him alive on Jan 5 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset 9 2 10
Arteriosclerosis and fibroid myocarditis (chronic)

Other contributory causes of importance:
Arteriosclerosis and fibroid myocarditis (chronic)

Name of operation none Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Henry Schneiderman, M. D.
(Address) 400 Apple

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

THIS IS A PERMANENT RECORD

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The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned, J. Edgar Hoover, is the Director of the Federal Bureau of Investigation, United States Department of Justice.

Witness my hand and the seal of the Federal Bureau of Investigation, at Washington, D. C., this 15th day of August, 1945.

J. Edgar Hoover
 Director