

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

17318
 Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH
 (a) County JACKSON Registration District No. 399
 (b) Township HAW Primary Registration District No. 1002 Registered No. 2015
 (c) City KANSAS CITY (d) Street No. MANORAH HOSP St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME PHILLIP RUBIN 150
 (a) Residence, No. 3535 BROOKLIN St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS 50 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
 9. Industry or business in which work was done, as 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) KANSAS CITY MISSOURI

FATHER 13. NAME ABE RUBIN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

MOTHER 15. MAIDEN NAME DORA Usakel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

17. INFORMANT L. PELTZMAN
 (ADDRESS) 3415 OLIVE

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. CARMEL DATE MAY 15 1938

19. FUNERAL DIRECTOR J.P. KOWIS FUNERAL HOME
 (ADDRESS) 3400 WOODLAND

20. FILED May 15 1938 M.M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 14 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1 1938 to May 14 1938
 I last saw him alive on May 14 1938 Death is said to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Rectum
46
 Other contributory causes of importance:
Post operative peritonitis
Hemorrhagic enteritis
abdomino-perineal resection Date of May 14 38
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? no
 If so, specify _____
 (Signed) Frederick B. Langhelf, M. D.
 (Address) Kansas City Mo.

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.



STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)