No. 2
4-13-40
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5794
Registrar's No. 566

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38

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 Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Weeks (Specify whether years, months or days)
In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON
(c) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No.: 2926 Olive St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 40 years.

3. (a) PRINT FULL NAME: FANNIE RUBACK
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: Joseph
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: DONT KNOW (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace: RUSSIA (City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: Isaac Cifer
FATHER
12. Name:
13. Birthplace: Russia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Anna Golden
15. Birthplace: Russia (City, town, or county) (State or foreign country)
16. (a) Informant: Joseph Ruback
(b) Address: 2926 Olive St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-9-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Carmel
18. (a) Signature of funeral director: J. P. Lowe
(b) Address: 3400 Woodland
19. (a) 2/9/41 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1941 hour 8 minute A M.
21. I hereby certify that I attended the deceased from Nov 1, 1940, to Feb 7, 1941, that I last saw h[illegible] alive on Feb 6, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute dilatation of heart	12 hrs
Due to: Secondary anemia	4 mos
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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)
While at work? (e) Means of injury:
23. Signature: A. Morris Ginsberg (M. D. or other) MD
Address: 420 Prof Bldg Date signed 2/7/41

(Licensed Embalmer's Statement on Reverse Side)

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 E. P. Casey

Licensed Embalmer No. V 1972

P. O. Address N. C. [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.