

APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9791

Registration District No. 349

Primary Registration District No. 1002

Registrar's No. 1200

1. PLACE OF DEATH

(a) County: Jackson
(b) City or town: Kansas City
(c) Name of hospital or institution: Research Hospital
(d) Length of stay: In hospital or institution: 1 day
In this community: years, months or days

3. (a) PRINT FULL NAME: Robert Michael Laub

3. (b) If veteran, name war: X
3. (c) Social Security No.: X

4. Sex: Boy
5. Color or race: white
6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: X
6. (c) Age of husband or wife if alive: X years

7. Birth date of deceased: March 10, 1941

8. AGE: Years Months Days If less than one day
18 hr. 10 min.

9. Birthplace: Kansas City Missouri

10. Usual occupation: Newborn

11. Industry or business:

MOTHER FATHER { 12. Name: Donald Ray Laub
13. Birthplace: Mechanicsville Missouri
14. Maiden name: Marian Ruth Laub
15. Birthplace: Mechanicsville Missouri

16. (a) Informant: Research Hospital
(b) Address: 230 1/2 S. 1st St.

17. (a) Place: burial or cremation: Cremation
(b) Date thereof: March 11, 1941

(c) Place: burial or cremation: Research Hospital

18. (a) Signature of funeral director: None
(b) Address: 24/41 N. W. Crowe

19. (a) Date received local registrar: 2/24/41
(b) Registrar's signature: M. W. Crowe

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(d) Street No.: 919 East Prairie
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March, day: 11, year: 1941, hour: 5:00, minute: 15 P.M.

21. I hereby certify that I attended the deceased from March 10 - 9:15 P.M., 1941, to March 11, 1941, that I last saw him alive on March 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Pruritus

Due to: ?
Due to: 1/15/41

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: R. J. Gardner (M, D, or other)
Address: Independence Mo. Date signed

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

46378

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.