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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

2285

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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:  
3815 Morrell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 Years  
(Specify whether years, months or days)  
In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 3815 Morrell (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

*orig  
copy*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1941 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12-12, 1940, to 6-14, 1941,  
that I last saw or alive on 6-14, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to 830

Other conditions 82W  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULLNAME Sarah Lorelle Rubick

3. (b) If veteran, name war No 3. (c) Social Security No. 496-67-2654

4. Sex 1 Fec 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Francis Rubick 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 1, 1885  
(Month) (Day) (Year)

8. AGE: -Years 56 Months 3 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Carbon Center Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Soap Demonstrator

11. Industry or business Colgate-Palmolive-Peet, Co.

12. Name James E Boughan

13. Birthplace Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Harford

15. Birthplace Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Kelso

(b) Address 129 N. Lawndale, K. C. Mo.

17. (a) Burial (b) Date thereof 6-16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director C.H. Blackman & Son, Inc

(b) Address 2825 Indep. K. C. Mo.

19. (a) 6/15/41 (b) M. H. Crowe  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (Specify type of injury) \_\_\_\_\_

23. Signature George C. Bell (M. D. or nurse) 0  
Address 1630 Prof Bldg Date signed 6/14/41

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

1630 Prof

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**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..... *J. D. Blackman*.....

Licensed Embalmer No. *3639*.....

P. O. Address..... *R. C. Mo*.....

**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, fact should be so stated above.**