

FILED AUG 17 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2941

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

28  
8030

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: O Memorial Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Two weeks  
(Specify whether  
In this community 53 yrs  
years, months or days)

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. 3812 E 36th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Heinrich B Rubin

(b) If veteran, name war No

(c) Social Security No. None

4. Sex Male 5. Color or race Wh  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mina 6. (c) Age of husband or wife 74 years  
alive

7. Birth date of deceased: (Month) (Day) (Year)  
Not known

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

9. Birthplace: (City, town, or county) (State or foreign country)  
Russiab

10. Usual occupation Insurance Broker

11. Industry or business retired

12. Name Wm Rubin

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

14. Maiden name Not known

15. Birthplace (City, town, or county) (State or foreign country)  
Not known

16. (a) Informant Wm Rubin

(b) Address 3812 E 36th

17. (a) Burial (b) Date thereof 8-4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Louis Funeral Home  
(b) Address K. C. Mo

19. (a) 8-4-42 (b) M. H. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1942 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 21, 1942 to July 30, 1942  
that I last saw him alive on July 30, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes mellitus  
Lawrence of Foot  
Toxemia  
Due to: Diabetes mellitus  
Due to: \_\_\_\_\_

Duration  
2 mo.  
1 mo.  
Several years

Other conditions: 61  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature William Rubin (Dr. P. or other) \_\_\_\_\_

Address 431 Prof. Bldg Date signed 8/1/42

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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.....

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, fact should be so stated above.**