

S. No. 2  
1-9-4-41  
5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
JAN 26 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1056  
156

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Memorial Hosp O  
(d) Length of stay: In hospital or institution 3 days  
In this community 38 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 3630 Wayne  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Dubinsky, Mr Isaac  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1/12/47  
21. I hereby certify that I attended the deceased from 2/11/49  
that I last saw him alive on 1/10/47

4. Sex Male 5. Color or Race Wn.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased unhw. 1871

Immediate cause of death coronary sclerosis  
Due to hardening of arteries  
Due to arter

8. AGE: Years 72 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Russia 6  
10. Usual occupation Taylor  
11. Industry or business Retired  
12. Name Samon Dubinsky  
13. Birthplace Russia 6  
14. Maiden name Jdk  
15. Birthplace Russia 6

16. (a) Informant Sam Dubinsky  
(b) Address 3000 Grand  
17. (a) Burial (b) Date thereof 1-13-43  
(c) Place: burial or cremation Sheffield Cem  
18. (a) Signature of funeral director J.P. Kovis Funeral Home  
(b) Address 3402 Woodlawn  
19. (a) 1-12-43 (b) M. M. Crowe

Other conditions \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 C.A. Williams  
Address Regent Hotel Date signed 1/14/47

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

MOTHER FATHER

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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.....

*D. L. Lewis*

Licensed Embalmer No.....

*3110*

P. O. Address.....

*K. 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.**