

FILED FEB 10 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 445

1. PLACE OF DEATH:

(a) County Jack Ksoy
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST Joseph Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mo. 26 Days (Specify whether)

In this community 35 yrs
years, months or days Abraham Reuben

3. (a) PRINT FULL NAME Reuben, Abraham
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased No Record
(Month) (Day) (Year)

8. AGE: Years 66 Months + Days _____ If less than one day hr. _____ min.

9. Birthplace Heavenworth Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Electric Appliances

12. Name Simon Reuben

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

14. Maiden name Bertha

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

16. (a) Informant Leah Lipman
(b) Address 2207 E 28th

17. (a) Removal (b) Date thereof 1-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Heavenworth, Kans

18. (a) Signature of funeral director J. P. Laxist, General Home
(b) Address K. C. Mo
19. (a) 1-26-44 (b) J. C. Baum (R3)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo. 8
(If outside city or town limits, write "RURAL")
(d) Street No. 2207 E 27th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1944 hour 10 minute 30 P M.
21. I hereby certify that I attended the deceased from Nov. 1
1943 to Jan 26 1944
that I last saw him alive on Jan 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 3 days
Due to Complication of pneumonia with metastasis 1 year
Due to _____
Other conditions 46
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: As above
Of operations _____
Of autopsy _____
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) (e) Means of injury 0
23. Signature John T. Shuman (M. D. or other) NP
Address 1103 Grand Ave Date signed 1-26-44

J. C. Baum

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

Dr. J. C. Skinner
(Sign Chart:)

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 *A. 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.