

FILED APR 7 1944

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 14

54
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Luxington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1421 South 1st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 15 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County Lafayette
(c) City or town Luxington
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 South 1st
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ETTA RABINS

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

4. Sex Fe 5. Color or face W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife H. H. Rabins 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Dec 29 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Herman Rabins
13. Birthplace Sermann
(City, town, or county) (State or foreign country)
14. Maiden name Lizetta Strickman
15. Birthplace Sermann
(City, town, or county) (State or foreign country)

16. (a) Informant H. H. Rabins

(b) Address Luxington Mo

17. (a) Burial (b) Date thereof 3-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mayview Mo

18. (a) Signature of funeral director Wm. P. ...

(b) Address Luxington Mo

19. (a) Apr. 1-44 (b) Mo. Fred Schwal
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4
year 1944 hour 11 minutes 50 A.M.

21. I hereby certify that I attended the deceased from — to —;
that I last saw him — alive on — 19 —;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary stoppage Duration —

Due to usual cause

Due to —

Other conditions 940
(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) (e) Means of injury —

23. Signature J. W. ... (M. D. or other) —

Address Luxington Mo Date signed 3/29

1158

Received

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 4-6-44

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 *Leo. J. McKeon*
Licensed Embalmer No. 2983
P. O. Address *Leungton, 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.