

FILED DEC 4 1944
Registration District No. **199**

Primary Registration District No. **1002**

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

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: **Memoran Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **0 4 days**
(Specify whether years, months or days) **55 yrs**

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. **3415 Olive**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **XI/9/44** day _____ year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **XI/2/44** to **XI/10/44**, 19____; that I last saw him live on **XI/10/44**, and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **2**
6. (b) Name of husband or wife **Dora** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Not known**
(Month) (Day) (Year)

Immediate cause of death **Ca of prostate with int**
Due to _____
Due to **55 b**

8. AGE: Years **78** Months _____ Days _____ If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____ Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace **Russia**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired**
11. Industry or business **Merchant**
12. Name **Puncha Zelig Rubins**
13. Birthplace **Russia**
(City, town, or county) (State or foreign country)
14. Maiden name **Laney Peshq**
15. Birthplace **Russia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Rubins**
(b) Address **K.C., Mo.**
17. (a) **Burial** (b) Date thereof **11-8-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt Carmel Cem**
18. (a) Signature of funeral director **Louis Funeral Home**
(b) Address **K.C., Mo.**
19. (a) **11-13-44** (b) **H.E. Brown**
(Date received local registrar) (Registrar's signature)

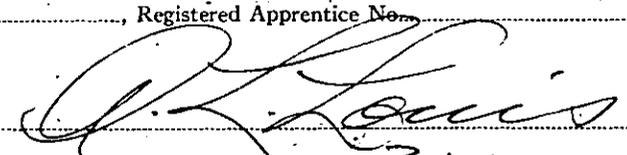
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **H. E. Brown** (M. D. or other)
Date signed _____

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. 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.