

S. No. 2
DOM-5-43
ev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26499**
Registrar's No. **3407**

Registration District No. **149** 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 **J.F.B.**
(c) Name of hospital or institution **General Hosp. D**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo.**
In this community **45 yrs.**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson**
(c) City or town **J.F.B.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1021 Sunwood**
(If rural, give location)
(e) Citizen of foreign country? **Mo.** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **SAMUEL LOEBENSTEIN**
(b) If veteran, name war **41**
(c) Social Security No. **40**

4. Sex **M** (f) 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Daisy Loebenstein**
6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **June 11 1871**
(Month) (Day) (Year)

8. AGE: Years **74** Months **2** Days **2**
If less than one day hr. min.

9. Birthplace **Warrensburg Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Dentist**

11. Industry or business

12. Name **Bernard Loebenstein**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Dawson**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Daisy Loebenstein**
(b) Address **1021 Sunwood**

17. (a) **Burial** (b) Date thereof **8/15/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood Cem.**

18. (a) Signature of funeral director **Barroll Darden**
(b) Address **3024 7th**

19. (a) **8-14-45** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **13**
year **45** hour **1** minute **55 P.** M.

21. I hereby certify that I attended the deceased from **7/21**, 19**45** to **8/13/45**, 19**45**
that I last saw him alive on **8/13/45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pulm. Edema & Cong.**
Due to **Encephalic malacia**
Due to **Cerebral arterio-sclerosis.**
Other conditions (Include pregnancy within 3 months of death)

Major findings: **83**
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? (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 **Donald Ferguson** (Date) **8/14/45**
Address **3024 7th** Date signed

PHYSICIAN
Underline the cause to which death should be charged statistically.

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: *Kathryn E. Davidson*

Licensed Embalmer No. *3648*

P. O. Address *Kansas City*

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.