

FILED JAN 8 1946
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1370

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital no. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 3 mo.
(Specify whether years, months or days)

In this community 1 year 3 months

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. 3338 Euclid
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME RICHARD RABICK

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19
year 1945 hour 7 minutes 50P. M.

21. I hereby certify that I attended the deceased from 11-25-1945 to 12-18-1945
that I last saw him alive on 12-18-1945
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased 2-9-1871
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to arterio-sclerosis

Due to (psychosis)

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>10</u>	<u>10</u>	hr. min.

Major findings: Of operations _____

Of autopsy _____

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

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Building

MOTHER FATHER

12. Name Jelina Rabick

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

14. Maiden name Karoltha Vasterberg

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

16. (a) Informant Mrs. Fozie Probst

(b) Address 3338 Euclid, K.C. Mo.

17. (a) burial (b) Date thereof 12/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Walter B. V. Bowman

(b) Address 319 So 10 St.

19. (a) 12/20/45 (b) H. Westphal
(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 J. H. Warriner (M. D. number) _____

Address State Hospital No. 2 Date signed 12-19-45

1428

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 19 Dec 4
..... Registered Apprentice No. ✓
working under my personal supervision.

Signed

Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St Joseph 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.