

FILED JAN 31 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

234

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: Menorah Hospo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 da
(Specify whether
In this community 53 yrs
years, months or days)

3. (a) PRINT
FULL NAME

Ida Rubenstein

3. (b) If veteran,
name war

No

3. (c) Social Security
No. None

4. Sex Female

5. Color or
race Wh

6. (a) Single, widowed, married,
divorced W

6. (b) Name of husband or wife
Jacob

6. (c) Age of husband or wife if
alive 66 years

7. Birth date of deceased

UNKNOWN

8. AGE:

Years

Months

Days

If less than one day

58

hr. min.

9. Birthplace

(City, town, or county)

Russiah
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name Hyman Altschuler

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

14. Maiden name Sophia Polakot

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

16. (a) Informant Jacob Rubenstein

(b) Address 3006 Woodland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-46
(Month) (Day) (Year)

(c) Place: burial or cremation Shedfield

18. (a) Signature of funeral director L. P. Louis-Tunem

(b) Address B. C. Mo.

19. (a) 1-15-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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. 3006 Woodland Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1946 hour 8 minute 20 A M.
21. I hereby certify that I attended the deceased from
Dec 27 1945 to Jan 15 1946
that I last saw her alive on Jan 14 1946
and that death occurred on the day and hour stated above.
Immediate cause of death Multiple myeloma
Due to 23 mo
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged stat-
istically.

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 place of place) (e) Means of injury Car
23. Signature Alfredo Rubio (M. D. or other)
Address 1420 W. 1st St Date signed 1-15-46

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.....

B. A. Legan

Licensed Embalmer No. *3979*

P. O. Address *HC MD*

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.