

S. No. 2
 DM-5-43
 v. 5-17-39
 X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16800**
 Registrar's No. **2150**

FILED MAY 27 1946

Registration District No. 149 Primary Registration District No. 1002

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 Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
(Specify whether
 In this community 50 yrs.
years, months or days)

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. 4421 Michigan
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harry C. Raber
 3. (b) If veteran, name war no
 3. (c) Social Security No. 495-10-4198

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 11 day May
 year 1946 hour 11 minute 30 A.M.
 21. I hereby certify that I attended the deceased from April 1
1946 to 11 May 1946
 that I last saw him alive on 11 May 1946
 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 Married
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased Sept. 30 1873
(Month) (Day) (Year)

Immediate cause of death Post operative peritonitis
 Due to Appendiceal abscess
 Due to Septic post operative condition
 Other conditions Exploratory laparotomy
(Include pregnancy within 6 months of death)
 Major findings: 9 May 1946
 Of operations appendiceal abscess old
 Of autopsy 12:12

8. AGE: Years 72 Months 7 Days 11
 If less than one day hr. min.

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

9. Birthplace Coral Court Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Lather

11. Industry or business _____
 12. Name Richard Raber
 13. Birthplace Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Emily Rice
 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Raber
 (b) Address 4421 Michigan, K. C., Mo.
 17. (a) Burial (b) Date thereof 5-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Green Lawn Cemetery

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? _____

18. (a) Signature of funeral director J.P. Louis Funeral Home
 (b) Address 3400 Woodland Ave., K. C., Mo.
 19. (a) 5-13-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Al Storkwell (M.D. or other) MD
 Address 623 Professional Bldg Date signed 13 May 46

(Licensed Embalmer's Statement on Reverse Side)

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

15682

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 *H. 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.