S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28126

FILED AUG 29 1947

Registration District No. 1926

Primary Registration District No. 2001

Registrar's No.

49
2
5

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Joplin General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 521 West 4th Street 5
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LeRoy Alwin Rubeck

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Golda

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

7. Birth date of deceased December (Month) 22 (Day) 1893 (Year)

8. AGE: Years 53 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Valentine (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation

11. Industry or business Electrician

FATHER
12. Name Charles A. Rubeck
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Viola Morgan
15. Birthplace Nebraska (City, town, or county) (State or foreign country)

16. (a) Informant Golda Rubeck
(b) Address 521 West 4th Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sioux City, Iowa

18. (a) Signature of funeral director Thornhill-Dillon Mort
(b) Address Joplin, Missouri

19. (a) 7-26-47 (Date received local registrar) (b) Dolores Lampkins DR. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1947 hour 2 minute 22 p M.

21. I hereby certify that I attended the deceased from July 18, 1946, to July 25, 1947
that I last saw him alive on July 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart & Respiratory failure

Due to Pericarditis

Due to Carcinoma stomach

Other conditions
(Include pregnancy within 3 months of death) 46 B

Major findings:
Of operations ~~Pericarditis~~

Of autopsy Pericarditis Carcinoma stomach

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. E. Heinlen (MD, or other)

Address Joplin Date signed 7/26/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-8-678

SEP 20 1955

SEP 0 1947

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.