No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31422

Registrar's No. 4140

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: GENERAL HOSPITAL NO. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether
In this community 20 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1329 E. 14TH ST. 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EVERETT RUBY

3. (b) If veteran, name war no

3. (c) Social Security No. 491-20-8268

4. Sex MALE 21

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife

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

7. Birth date of deceased MARCH (Month) 31, (Day) 1910 (Year)

8. AGE: Years 37 Months 5 Days 26 If less than one day hr. min.

9. Birthplace SEDALIA (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation MUSICIAN

11. Industry or business

FATHER
12. Name LEONARD RUBY 0
13. Birthplace SEDALIA (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ROSA SMITH 0
15. Birthplace SEDALIA (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant LEONARD RUBY (BROTHER)

(b) Address 2017 KANSAS AVE.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-2-47 (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Flynn - Greenstreet

(b) Address Kansas City, Mo.

19. (a) 9-30-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 27, year 1947 hour 2: minute 20 A. M.

21. I hereby certify that I attended the deceased from SEPTEMBER 24, 1947 to SEPTEMBER 27, 47; that I last saw him alive on SEPTEMBER 27, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE BACTERIAL ENDOCARDITIS AND MENINGITIS (NON-EPIDEMIC)

CARCINOMA OF PANCREAS WITH EXTENSIVE HEMORRHAGIC NECROSIS

Due to

Other conditions
(Include pregnancy within 3 months of death) 469

Major findings:
Of operations

Of autopsy SAME AS ABOVE

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) 0

While at work (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 9/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4383

P. O. Address 1819 E. 15. Ke

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.