. S. No. 2
OM—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 5042

FILED FEB 20 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 682

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: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2207 East 28th Street (If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME Mrs Rachael Reuben

3. (b) If veteran, name war -- no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Noah

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased (Month) (Day) 1875 (Year)

8. AGE: 73 Years | Months | Days | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Solomon Klein
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) " (State or foreign country)

16. (a) Informant Mrs. Bertha Garry

(b) Address 6134 McGee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-48 (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland Ave. K. C. Mo.

19. (a) 2-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1948 hour 11 minute 23 6. M.

21. I hereby certify that I attended the deceased from Feb. 8-48, 19..., to Feb. 13, 1948 that I last saw her alive on Feb. 13, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Burns on face-chest-abdomen buttocks — Duration 5 days

Due to Injury

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 181 15

Of autopsy

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) accident 123

(b) Date of occurrence 2-8-48

(c) Where did injury occur? K. C. Jackson, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury gas burns

23. Signature John D. Skinner (M. D. or other) MD

Address 1402 Bryant Bldg Date signed 3/14/48

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 Guy Buffington

Licensed Embalmer No. 2756

P. O. Address K 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.