

S. No. 300
M-10-47
5-17-39
I 3905

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

8874

State File No.

FILED APR 12 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1360

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: Memorah - 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 41 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4545 Mercier (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Mrs Rose Powell

3. (b) If veteran, name war xx 3. (c) Social Security No. xx

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27
year 1948 hour 3 minute 47

21. I hereby certify that I attended the deceased from 5/29/47
to 3/27/48, 1948
that I last saw her alive on 3/26, 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased: April (Month) (Day) (Year)

8. AGE: Years 66 Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death acute Myo failure Duration 8 hrs.

Due to Coronary thrombosis 1 yr

Due to Coronary artery disease 2-3 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 940
Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place) _____ Means of injury _____

MOTHER FATHER

12. Name Abraham Ribakoff

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

14. Maiden name Mollie Pikofsky

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

16. (a) Informant Isadore Powell

(b) Address 4545 Mercier St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-48 (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) 3-27-48 (Date received local registrar) (b) Geraldine Holmer (Registrar's signature)

23. Signature Mattie Davis (M. D. or other) M.D.
Address 720 Bryant St. Bldg. Date signed 3/27/48

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

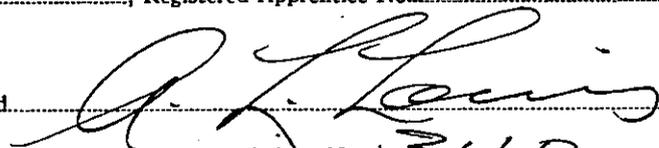
8608

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. 3110

P. O. Address. H. C. 2nd

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.