

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 112963
12050
Registrar's No. _____

FILED APR 24 1948/49
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town 15.6
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5132 Paseo 1
(If not in hospital or institution, write street number or location)

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

In this community 62 yrs.
years, months or days

3. (a) PRINT FULL NAME ISAAC RUBIN

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Myrtle Rubin

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: Jan. 11 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 4
If less than one day hr. _____ min. _____

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

10. Usual occupation Tailor

11. Industry or business _____

MOTHER FATHER

12. Name M. Rubin

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

14. Maiden name Chikman

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

16. (a) Informant Myrtle Rubin

(b) Address 5132 Paseo

17. (a) Burial (b) Date thereof 4/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elywood Cem

18. (a) Signature of funeral director Barrett Dauden

(b) Address 3024 Trenton

19. (a) 4-15-48 (b) M. Waldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town 15.6 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5132 Paseo 8
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 th
year 1948 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1st
1948 to April 15th 1948

that I last saw him alive on April 10th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach 6 mos
Her overage of Stomach 2 hours

Due to _____

Due to _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings: 46/6

Of operations: _____

Of autopsy: _____

Duration

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)

(e) Means of injury 0

23. Signature Joseph Guletore (M. D. or other) MD
Address 1219 Rector Bldg Date signed 4-15-48

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 Kathryn E. Davidson
Licensed Embalmer No. 3648
P. O. Address A 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.