

FILED AUG 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27150

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2000

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>45 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>		350.8
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BELLECLAIRE APT. HOTEL</u>			d. STREET ADDRESS (If rural, give location) <u>401 EAST ARMOUR BLVD BELLECLAIRE APT. HOTEL</u>		

3. NAME OF DECEASED (Type or Print) <u>ABE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-8-1950</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH-27-1876</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESIDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WASTEPAPER CORP</u>		11. BIRTHPLACE (State or foreign country) <u>NEW YORK CITY, NEW YORK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>JORDAN TRAUB</u>		13b. MOTHER'S MAIDEN NAME <u>ANN LAUBER</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA TRAUB</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-81-3415</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ANNA TRAUB</u>		ADDRESS <u>401 EAST ARMOUR BLVD KANSAS CITY, MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of colon</u>	DUPLICATE				<u>14 yr</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	DUE TO (b) <u>metastases especially lungs</u>				
	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				<u>15 yr</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of colon</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 5-30-, 1950, to 8-8-, 1950 that I last saw the deceased alive on 8-6-, 1950 and that death occurred at 6:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. R. Lyndon Jr MD</u> (Degree or title)		23b. ADDRESS <u>1097 E 75th Ave MO</u>		23c. DATE SIGNED <u>8-10-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>AUG-11-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
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DATE REC'D BY LOCAL REG. <u>8-10-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Valme</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>	ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address *Kansas City, 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.