

FILED NOV 10 1954

STANDARD CERTIFICATE OF DEATH

State File No. 34-119
4981
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. CITY OR TOWN Kansas City

c. LENGTH OF STAY (in this place) 47 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 235 Ward Pky

d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 73 235 Ward Pky 3738

3. NAME OF DECEASED
a. (First) Ray b. (Middle) Fleischer c. (Last) Rubin
4. DATE OF DEATH (Month) (Day) (Year) 10 - 25 - 54

5. SEX F 6. COLOR OF RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-9-85 9. AGE (In years last birthday) 69

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Newark, N. J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Simon Fleischer
13b. MOTHER'S MAIDEN NAME Clementine Hoester
14. NAME OF HUSBAND OR WIFE William

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME William Rubin ADDRESS Home

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease - mitral Stenosis & insufficiency; aortic Stenosis with Advanced Congestive Heart failure, chronic
INTERVAL BETWEEN ONSET AND DEATH 30+ Years.
15+ Years.
410X
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

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) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Oct., 1954, to 25 Oct., 1954, that I last saw the deceased alive on 22 Oct., 1954, and that death occurred at 7:15P m., from the causes and on the date stated above.

23a. SIGNATURE Phillip G. Kaul (Degree or title) MD
23b. ADDRESS 711 Nichols Road
23c. DATE SIGNED 26 Oct 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-27-54
24c. NAME OF CEMETERY OR CREMATORY Rose Hill
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 10-27-54
REGISTRAR'S SIGNATURE neva minshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis Fun'l Home K.C. Mo.

(Licensed Embalmers' Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Guy Buffington*.....

Licensed Embalmer No. 275

P. O. Address *A. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.