

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4061

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 25 yrs.	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 701 E. Armour			STREET ADDRESS (If rural, give location) 50 701 E. Armour 35080		

3. NAME OF DECEASED (Type or Print) LOUIS			a. (First)		b. (Middle)		c. (Last) RUBENSTEIN		4. DATE OF DEATH Sept. 16, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 29, 1892		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager				10b. KIND OF BUSINESS OR INDUSTRY Antique shop		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Barney Rubenstein			13b. MOTHER'S MAIDEN NAME Sophia			14. NAME OF HUSBAND OR WIFE Mabel Rubenstein					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes			16. SOCIAL SECURITY NO. W.W. #1 unknown			17. INFORMANT'S SIGNATURE OR NAME Mrs. Mabel Rubenstein, 701 E. Armour, K.C. MO.			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		Coronary occlusion					
		ANTECEDENT CAUSES		Myocardial infarction					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)					
				DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS		Bronchiectasis				4221	
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) W		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 <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 **March 1949**, to **Sept. 16, 1955** that I last saw the deceased alive on **Sept 14, 1955** and that death occurred at **10 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur C. Clasen MD			23b. ADDRESS 1430 Gales Bldg			23c. DATE SIGNED 9/16/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-17-55		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Lexington, Missouri			
DATE REC'D BY LOCAL REG. 9-17-55		REGISTRAR'S SIGNATURE Neva Minshall			25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.			ADDRESS K.C. MO.	

For: Arthur C. Blasen
1432 Prof. Bldg.
Vi 1881

Exp 10 a.m.

OCT 2 1948

11 to 3:30

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.....
Robert G. [Signature]

Licensed Embalmer No. 48
P. O. Address K.C. 9.

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.