

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 23 1955

State File No. **36984**

**4813**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>30 YRS.</b>		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 <b>2905 CAMPBELL ST</b>		e. STREET ADDRESS (If rural, give location) <b>3635 VIRGINIA</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>NATHEN</b> b. (Middle) <b>E</b> c. (Last) <b>RAPPAPORT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-7-55</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12-15-72</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life years if retired) <b>RETIRED</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>GROGERS</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>RUSSIA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>CLARA RAPPAPORT</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>SIDNEY RAPPAPORT</b>	ADDRESS <b>KCMO</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Vremia</b>		DUE TO (b) <b>Arteriolosclerosis</b>		<b>1 wk</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Generalized arteriosclerosis</b>		<b>20 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>30 yrs</b>
				<b>446X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (STATE) <b>Kansas City Jackson Mo</b>
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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
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22. I hereby certify that I attended the deceased from **Oct 15, 1949**, to **Nov 7, 1955**, that I last saw the deceased alive on **Nov 6, 1955**, and that death occurred at **10:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Richard L. Lehner</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>1102 Grand Kansas City 6 Mo</b>	23c. DATE SIGNED <b>11/7/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-8-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SHAARA STOLEM</b>	24d. LOCATION (City, town, or county) (State) <b>ST. JOSEPH, MO.</b>
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DATE REC'D BY LOCAL REG. <b>11-8-55</b>	REGISTRAR'S SIGNATURE <b>neva munshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. TIGERMAN</b>	ADDRESS <b>SONS K.C. Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Licensed Embalmer No. 45

P. O. Address Kansas

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.