

50 MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5454
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 653
 (c) City or Kansas City (d) Street No. 1618 Lenwood St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1618 Lenwood St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mable Joub

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. jewelry mer-
 10. Date deceased last worked at this occupation (month and year) Sept
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kanishaw Russia

FATHER 13. NAME Jacob Joub

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kanishaw Russia

MOTHER 15. MAIDEN NAME Anna Joub

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kanishaw Russia

17. INFORMANT (ADDRESS) Dr. H. K. Joub
1618 Lenwood, K.C., Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel Cem. DATE 2-15-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Zimmerman & Sons
2728 Prospect, K.C. Mo.

20. FILED 29 15 39 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1939, to Feb 10 1939

I last saw h. alive on Feb 10 1939. Death is said to have occurred on the date stated above, at 5 am m.

The principal cause of death and related causes of importance were as follows:

Aortitis
Aortic Regurgitation
Coronary arteritis

Date of onset ?

Other contributory causes of importance: 922a

Name of operation Op. 24 Date of —

What test confirmed diagnosis? Op. 24 Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify —

(Signed) J. Williams M. D.
(Address) 420 W. 13th St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.