

FILED JUN 1948
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2715

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
235 Ward Parkway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 235 Ward Parkway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rebecca Leah Ruvel

3. (b) If veteran, name war no 3. (c) Social Security No. same

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louis Ruvel 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 1st 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months I Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Leavenworth Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Harris Silverman

13. Birthplace Poland
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Cohen

15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Niel Ruvel

(b) Address 3805 Virginia

17. (a) Burial (b) Date thereof 4/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cem.

18. (a) Signature of funeral director Carroll- Davidson

(b) Address 3024 Troost

19. (a) 5-1-43 (b) M. H. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 4/19/43 to April 29th 1943; that I last saw her alive on April 28th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Arteriosclerosis
Myocardial Infarction
Due to Generalized arteriosclerosis
Due to Lead poisoning secondary to
3 days ago
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration

1 wk

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Friday S. P. [unclear] (M. D. or other) _____
Address 1132 Professional Bldg Date signed 5/1/43

WRITE PLAINLY—USE 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.....
....., 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, fact should be so stated above.