

ED AUG 27 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3585

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:
Memorial Hosp. I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Just came in
(Specify whether
In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, Mo 3
(If outside city or town limits, write "RURAL.") 8
(d) Street No. 3032 Euclid
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Mayer Rakov

(b) If veteran, name war No

(c) Social Security No. None

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Rakov 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Not known
(Month) (Day) (Year)

8. AGE: Years 59 Months - Days - If less than one day hr. min.

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

10. Usual occupation Retired Grocer

11. Industry or business

MOTHER FATHER

12. Name Zunda Rakov
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Anna
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Bertina Hellman

(b) Address K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof Aug 18-43
(Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem

18. (a) Signature of funeral director J. P. Lewis

(b) Address K. C. Mo.

19. (a) 8-19-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17
year 43 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug 16, 1943 to Aug. 17, 1943
that I last saw him alive on Aug. 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Artericular Fibrillation 4 days
Duration

Due to 95a
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: None
Of operations
Of autopsy None

PHYSICIAN

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) None
(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?

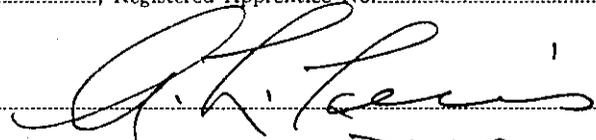
While at work? (Specify type of place) (M. D. or other) M. D.
23. Signature Remoth A. Dard signed 8-17-43
Address 201 Plaza Theater Bldg
Kansas City, Mo

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... 3110

P. O. Address... K. C. Mo

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.