

S. No. 2  
M-2-43  
5-17-39  
1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 3 1943

State File No. 37472  
4959  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Research Hosp  
(d) Length of stay: 8 Days  
In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo.  
(d) Street No. 8137 Garfield Cem.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Nancy K. Rabinowitz  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 22  
year 1943 hour 11 minute P.M.  
21. I hereby certify that I attended the deceased from 11-15-43  
to 11-22-43  
that I last saw her alive on 11-22-43  
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race Wh  
6. (a) Single, widowed, married, divorced 1  
(b) Name of husband or wife Louis  
(c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Nov. 13, 1880

Immediate cause of death  
Pulmonary Embolism  
Due to Per. Repair  
Due to Hernia  
Other conditions: \_\_\_\_\_  
Major findings: Dissection Abdominal  
Hernia  
Of autopsy \_\_\_\_\_

8. AGE: Years 63 Months 0 Days 22  
If less than one day hr. min.

9. Birthplace Grundy County, Missouri  
10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Wm R. Street  
13. Birthplace Missouri  
14. Maiden name Amanda Clarkson  
15. Birthplace Indiana

16. (a) Informant Daisy Lotz  
(b) Address R.C., Mo  
17. (a) Burial (b) Date thereof 11-26-43  
(c) Place: burial or cremation Mt. Moriah Cem.  
18. (a) Signature of funeral director J.P. Hovist  
(b) Address R.C., Mo  
19. (a) 11-24-43 (b) D. E. Brown

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature K. C. ... (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 11-24-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
*Philip Lewis*

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.**