

FILED DEC 3 1943

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: **St Joseph Hosp**
(d) Length of stay: **3 days**
In this community **10 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **3621 Penn St**
(e) Citizen of foreign country? **Naturalized**

3. (a) PRINT FULL NAME **Mrs BARBARA REBEL**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Martin Rebel** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **May 26 1889**

8. AGE: Years **54** Months **5** Days **14** If less than one day hr. min.

9. Birthplace **Russia** (City, town, or county) **6** (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **at home**

12. Name **John Behm**

13. Birthplace **Russia** (City, town, or county) **1** (State or foreign country)

14. Maiden name **Mary Pau**

15. Birthplace **Russia** (City, town, or county) **6** (State or foreign country)

16. (a) Informant **Martin Rebel (Husband)**

(b) Address **3621 Penn St Kansas**

17. (a) **Buried** (b) Date thereof **11-13-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Agnes, E. Hall**

18. (a) Signature of funeral director **J. E. Brown**

(b) Address **322 17th St Kansas City, Mo**

19. (a) **11-13-43** (b) **J. E. Brown**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **10** year **1943** hour minute **1:47** M.

21. I hereby certify that I attended the deceased from **Admission** **1942** to **Nov 10 1943** that I last saw her alive on **Nov 10 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **Chronic Hepatitis**

Due to **12/1/42**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **yes**

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?

23. Signature **Dr. Paul Stimmer** (M. D. or other)
Address **140 1/2 Bryant** Date signed **11/2-43**

PHYSICIAN
Duration **144**
Underline the cause to which death should be charged statistically.

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.