

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33052  
4004  
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  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 7 days  
In this community: 39 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: Frank Rabinowitz  
3. (b) If veteran, name war: XX  
3. (c) Social Security No.: XX

4. Sex: Male  
5. Color or race: White  
6. (a) Single, widowed, married, divorced: Single  
6. (b) Name of husband or wife: XY  
6. (c) Age of husband or wife if alive: XX years  
7. Birth date of deceased: 1-15-1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Approx. 48 8 17 hr. min.

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

10. Usual occupation: Druggist

11. Industry or business: XX

MOTHER FATHER

12. Name: Leon Rabinowitz  
13. Birthplace: Lithuania  
(City, town, or county) (State or foreign country)  
14. Maiden name: Lena Levine  
15. Birthplace: Lithuania  
(City, town, or county) (State or foreign country)

16. (a) Informant: Leon Rabinowitz  
(b) Address: 3708 Olive  
17. (a) Burial (b) Date thereof: 10-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Mt. Carmel

18. (a) Signature of funeral director: J. P. Louis Funeral Home  
(b) Address: 3400 Woodland Ave., K. C. Mo.

19. (a) 10-2-48 (b) Geraldine Helms  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Jackson  
(c) City or town: Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 3708 Olive  
(If rural, give location)  
(e) Citizen of foreign country? NO  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month: Oct day: 2  
year: 1948. hour: minute: 7 A.M.  
21. I hereby certify that I attended the deceased from Sept 25 1948 to Oct 2 1948  
that I last saw him alive on Oct 2 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Bladder  
Duration: Unknown  
Due to:  
Due to:  
Other conditions: (Include pregnancy within 9 months of death) 52 B

Major findings: Of operations: Carcinoma of Bladder extensive  
Of autopsy:  
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)  
(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?

23. Signature: H. E. Carlson  
Address: P. O. Box 102, No. 20 Oct  
(Specify type of place) Means of injury: (M. D. or other)

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.....

*Joseph M. Mc Carthy*, Registered Apprentice No. *275*  
working under my personal supervision.

Signed..... *Guy Buffington*  
Licensed Embalmer No. *275*  
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.