

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31818

State File No.

3852

FILED SEP 20 1952

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|--|-------------------------------|---|--|---|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>49 yrs.</u> | | c. CITY OR TOWN <u>Kansas City</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3708 Olive St.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3708 Olive St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LEON</u> | | b. (Middle) _____ | | c. (Last) <u>RABINOWITZ.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28 1952</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>1874</u> | | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Drugs</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lithuania</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Zusman Rabinowitz</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rachael (Unknown)</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lena Rabinowitz</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Herman Rabinowitz</u> ADDRESS <u>3708 Olive St.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES <u>Essential Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>?</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>Aug. 1951</u> , to <u>Aug 28, 1952</u> , that I last saw the deceased alive on <u>Aug 28, 1952</u> , and that death occurred at <u>4:25 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Jack W. Wolf</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>206 High Bldg Kansas City, Mo</u> | | 23c. DATE SIGNED <u>Aug 30, 52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug. 29 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>8-31-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lois Funeral Home</u> ADDRESS <u>Kansas City, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Guy Buffington
Licensed Embalmer No. 2756

P. O. Address H. C. 740

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.