

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1955

State File No. **22357**  
**2854**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <b>MO</b>				b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>35 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. If residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Menorah Med. Center</b>								STREET ADDRESS (If rural, give location) <b>406 East 63<sup>rd</sup> Terr.</b>	
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Rubin</b>		b. (Middle) _____		c. (Last) <b>Romer</b>		
4. DATE OF DEATH		(Month) <b>7</b>		(Day) <b>3</b>		(Year) <b>55</b>			
5. SEX <b>M</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>7-21-98</b>			
9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR Months <b>56</b>		IF UNDER 2 HRS. Days _____		IF UNDER 2 HRS. Hours _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Romer Meat Mkt.</b>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13a. FATHER'S NAME <b>Moshe Leib Romer</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			
14. NAME OF <del>husband</del> OR WIFE <b>Fannie</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Fannie Romer</b>			
18. CAUSE OF DEATH		18. CAUSE OF DEATH		18. CAUSE OF DEATH		18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lympho Sarcoma - Generalized</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 mos</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (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) _____ m.		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 <b>3/1, 1955</b> , to <b>7/3, 1955</b> , that I last saw the deceased alive on <b>7/3, 1955</b> , and that death occurred at <b>9:20 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Morris Stetland</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>701 E. 63rd K.C., Mo.</b>		23c. DATE SIGNED <b>7/4/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-4-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sheffield</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo</b>			
DATE REC'D BY LOCAL REG. <b>7-5-55</b>		REGISTRAR'S SIGNATURE <b>Neva Minshel</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis Funtl</b>		ADDRESS <b>Home K.C. Mo.</b>			

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Gary Buffington*

Licensed Embalmer No. *275*

P. O. Address *R.C. 76*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.