

REC'D NOV 14 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH35106  
Do not use this space.

## 1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399  
 (b) Township KAW Primary Registration District No. 100 Registered No. 4081  
 (c) City KANSAS CITY (d) Street No. 2706 INDEPENDENCE AVENUE St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

MISS VICTOR ELLEN LEVY  
 (a) Residence, No. 2706 INDEPENDENCE AVENUE St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 1 1923

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, hrs. or min.
<u>66</u>	<u>0</u>	<u>0</u>	<u>22</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. TEACHER  
 9. Industry or business in which work was done, as saw mill, bank, etc. CENTRAL HIGH SCHOOL  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) MARSHALL 0  
(STATE OR COUNTRY) MISSOURI

FATHER 13. NAME CAPTAIN J. W. LEVY 1

14. BIRTHPLACE (CITY OR TOWN) VIRGINIA 1  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME SARAH BEAZLEY

16. BIRTHPLACE (CITY OR TOWN) VIRGINIA  
(STATE OR COUNTRY)

17. INFORMANT MRS. G. W. HUNTER  
(ADDRESS) MT. LEONARD, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE OCTOBER 25 1939

19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS  
(ADDRESS) 1401 BRUSH CREEK BLVD

20. FILED 10/24 1939 M. M. Groom  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 23 1939

22. I HEREBY CERTIFY, That I attended deceased from ent 1930 to Oct 23 1939  
 I last saw him alive on Oct 21 1939. Death is said to have occurred on the date stated above, at 6:00 A. M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Hypertension Date of onset About 10-yr  
Chronic Coronary disease  
Chronic arterio sclerosis  
g4d

Other contributory causes of importance:  
Death Sudden - during sleep.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) D. Supleau M. D.  
 (Address) 1405 Bryant Bldg

1700  
12.3

**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..... *C. Hervey Eisenberg*

Licensed Embalmer No..... *40700*

P. O. Address..... *A. 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, above space should be left blank.**