

NOV 12 1940
Registration District No. 99

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: K.C. General
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Herman T. Levine

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race Wh.

6. (a) Single, married, divorced Widowed

6. (b) Name of husband or wife Bess

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Feb 22, 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 14 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Water Dept. City

12. Name Julius Levine

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

14. Maiden name Mollie Cebulski

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

16. (a) Informant Julius Levine

(b) Address 1314 E 27th

17. (a) Burial (b) Date thereof 10-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem

18. (a) Signature of funeral director J.P. Hou's Funeral Home

(b) Address K.C. Mo.

19. (a) 10-7-40 (b) M.M. Browe
(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. 1314 E 27th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 45 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6 year 1940 hour 7:15 minute P.

21. I hereby certify that I attended the deceased from 7:15 P. to 7:15 P. 1940;

that I last saw him at home on 10-6-40 and the death occurred on the date and hour stated above.

Immediate cause of death Death by drowning

Due to Death by drowning

Other conditions (Include pregnancy within 3 months of death) 183-

Major findings: Of operations 26

Of autopsy W

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Do not know

(b) Date of occurrence

(c) Where did injury occur Do not know (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Do not know (Specify type of place) (Specify cause of injury)

23. Signature Richard H. [unclear] (M. D. or other)

Address K.C. Mo. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

A. L. Louis

....., Registered Apprentice No.....

working under my personal supervision.

Signed *A. L. Louis*.....

Licensed Embalmer No. *3110*

P. O. Address. *3400 Woodlawn*

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.