

No. 2  
4-13-40  
-17-39  
X23159

1941 FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1406  
Registrar's No. 366

Registration District No. 399

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: Brownhardt Apt. Hotel  
801 East Armour Blvd. Apt. # 805  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ----- /  
(Specify whether  
In this community 45 Years  
years, months or days)

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")  
Brownhardt Apartment Hotel  
(d) Street No. 801 East Armour Blvd. Apt. 805  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 62 years.

3. (a) PRINT FULL NAME Mr. Leopold Leon Levy

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Rose Levy 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased November 15 1860  
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Stockman

11. Industry or business K.C. Stockyards

12. Name Unknown Levy  
13. Birthplace France  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Rose Levy  
(b) Address 801 East Armour Blvd.

17. (a) Removal (b) Date thereof 1-25-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo, New York

18. (a) Signature of funeral director W. H. Newcomer Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) Jan 25 1941 (b) W. H. Newcomer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23rd  
year 1941 hour 5 - minute 30 A. M.

21. I hereby certify that I attended the deceased from January 1940 to January 23 1941  
that I last saw him alive on January 22nd 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion due to Thromboses  
Due to Heart Block

Due to Chronic Myocarditis 5 years

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 92 A  
Of autopsy

Duration  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature Joseph Kettler (M. D. or other) M.D.  
Address 1219 Meatto Bldg Date signed 1-23-41

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

MOTHER FATHER

**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

*H. C. Newcomer, Jr.*

Licensed Embalmer No. *4043*

P. O. Address *N. 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.**