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DEPARTMENT OF THE CENSUS
FILED OCT 13 1941

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: 1908 Chelsea
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 years
In this community 13 years
(Specify whether 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")
(d) Street No. 1908 Chelsea
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME THEODORE LEVAS

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

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased August 26 1928
(Month) (Day) (Year)

8. AGE: Years 13 Months 1 Days 126 If less than one day hr. min.

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

10. Usual occupation schoolboy

11. Industry or business

12. Name James Levas

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

14. Maiden name Anna (unknown) (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. June Levas
(b) Address 1908 Chelsea

17. (a) Burial (b) Date thereof 9/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, K. C. MO.

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn K. C. Missouri

19. (a) 9/30/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27 year 1941 hour -- minute -- M.

21. I hereby certify that I attended the deceased from 9:00 a.m. to 9:00 a.m., 1941; that last saw alive on 9/27/41 and that death occurred on the date and hour stated above. Immediate cause of death gunshot wound of head

Duration 184
Due to gunshot wound of head

Other conditions (Include pregnancy within 3 months of death) 184

Major findings: Of operations 184 Of autopsy 94

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) suicide
(b) Date of occurrence 9-27-41
(c) Where did injury occur? K. P. MO 123
(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) (e) Means of injury
23. Signature M. M. Crowe (M. D. or other) 3
Address K. C. MO Date signed --

WRITE PLAINLY—USE UNFADING 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 *me*

....., Registered Apprentice No.
working under my personal supervision.

Signed *LeAnnie*

Licensed Embalmer No. *2590*

P. O. Address *Kansas City*

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.