

Registration District No. **149**

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 Missouri**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**3744 Olive Street /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **38 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs Georgia Lucille LEVAN**

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

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

6. (b) Name of husband or wife **Paul Levan** 6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **June 30th 1904**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>38</b>	<b>9</b>	<b>6</b>	hr. min.

9. Birthplace **St Joseph Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **time keeper**

11. Industry or business **Commonwealth aircraft**

12. Name **Eel Cooper**

13. Birthplace **dowa 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nicola Puckner**

15. Birthplace **St Joe Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul Levan**

(b) Address **3744 Olive Street**

17. (a) **Burial** (b) Date thereof **4-8-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Melody McGilley**  
(b) Address **Kansas City Missouri**

19. (a) **4-6-43** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City Missouri**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3744 Olive Street**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6th**  
year **1943** hour **5:15** minute **A.M.**

21. I hereby certify that I attended the deceased from **Jan 18, 1943**  
to **April 6, 1943**  
that I last saw h. **alive on April 3, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis 1 mo.**

Due to **83B**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)

23. Signature **W. Morris Quobson M.D.** (M. D. or other)  
Address **420 Prof Bldg** Date signed **4-6-43**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

Signed..... *Russell W France* .....

Licensed Embalmer No. *4255* .....

P. O. Address..... *Kc. 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.**