S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6186

FILED MAR 6 1944

Registration District No. 1007 Primary Registration District No. 1002 Registrar's No. 862

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: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 51 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1110 East Armour
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ✓

48

3. (a) PRINT FULL NAME: Lawrence Levinson
3. (b) If veteran, name war: None
3. (c) Social Security No.: No #
4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, (married) divorced: /
6. (b) Name of husband or wife: IDA
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Not Known (Month) (Day) (Year)

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace: Poland (City, town, or county) (State or foreign country)
10. Usual occupation: Tailor
11. Industry or business: /
FATHER
12. Name: Lawrence Levinson
13. Birthplace: Russia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Not Known
15. Birthplace: Not Known (City, town, or county) (State or foreign country)
16. (a) Informant: Nat Levinson
(b) Address: K.C. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 20 '44 (Month) (Day) (Year)
(c) Place: burial or cremation: Sheffield
18. (a) Signature of funeral director: J. P. Louis Funeral Home
(b) Address: 3400 Woodland
19. (a) 2-22-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1944 hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from Feb 18, 1944 to Feb 18, 1944 that I last saw him alive on Feb 18, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration: yes

Due to:

Due to:

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

Major findings:
Of operations:
Of autopsy: 9 4 6

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? (Specify type of place)
While at work: (e) Means of injury:
23. Signature: Allorin Lieberman M.D. (Med. D. or other)
Address: 420 Prof Bldg Date signed: 2-20-44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3810

P. O. Address K. 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.