

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21044

State File No.

FILED JUN 30 1947
Registration District No.

Primary Registration District No. 1002

Registrar's No. 2636

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 Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
In this community 35 years.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

Missouri Jackson 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4222 Harrison
No (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Sarah LEVIN

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

4. Sex F
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Max Levin
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: 78 Years Months Days
If less than one day
.....hr.min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Rev. Hertz Hyman
13. Birthplace Russia
14. Maiden name Bertha (Unknown)
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Levin
(b) Address 401 E. Armour, K.C. Mo.

17. (a) Burial (b) Date thereof 6/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)
Sheffield
(c) Place: burial or cremation.....

18. (a) Signature of funeral director J.P. Louis Funeral Home
3400 Woodland Ave., K.C., Mo.
(b) Address

19. (a) 6-18-47 (b) A. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1947 hour 7 minute 15 PM.
21. I hereby certify that I attended the deceased from June 17, 1947
to June 17, 1947
that I last saw him/her alive on June 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery of thyroid
Due to.....
Due to.....

Other conditions 55C
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy as above

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.....

23. Signature [Signature] (M. D. or other) [Signature]
Address 1025 Prof. Bldg. Date signed 6/17/47

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

Signed.....

H. L. Louis

Licensed Embalmer No.....

3110

P. O. Address.....

H. 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.