

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41768**
Registrar's No. **5487**

FILED JAN 13 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

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: **6528 Oak (home)**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **31 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. **6528 Oak** (If rural, give location)

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

3. (a) PRINT FULL NAME **Elsa Levin**

3. (b) If veteran, name war **no**

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 **Morris J.**

6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **December 25 1892**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	0	4	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Israel Garfinkle**

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

14. Maiden name **Fannie Barlow**

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

16. (a) Informant **Morris J. Levine**

(b) Address **6528 Oak, K. C. Mo.**

17. (a) **Burial** (b) Date thereof **12-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rose Hill**

18. (a) Signature of funeral director **J. P. Louis Funeral Home**

(b) Address **3400 Woodland Ave. K. C. Mo.**

19. **12-29-47** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **29**
year **1947** hour **4** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **8-2** 19**47** to **12-29** 19**47**
that I last saw him alive on **12-28** and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of pancreas**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **4108**

Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 **Heraldine Holmes** Date signed **12-29-47**
Address **420 Prof**

12-29-47

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 Dale A. Oldfield, Registered Apprentice No. 31,
working under my personal supervision.

Signed Dixon L. Kipley
Licensed Embalmer No. 4225
P. O. Address Indep 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.