S. No. 300
M—10-47
. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12709

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1888

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 O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-7-4/30 48 (Specify whether

In this community 39 years years, months or days)

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. 3828 Paseo (If rural, give location) 78 3

(e) Citizen of foreign country? no (Yes or No) 8

If yes, name country 0

3. (a) PRINT FULL NAME Mrs Vera Levitch

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Essak

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

7. Birth date of deceased June (Month) 5 (Day) 1887 (Year)

8. AGE: Years 60 Months 10 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Maesha Yedalevich
13. Birthplace (City, town, or county) Poland 4 (State or foreign country)

MOTHER
14. Maiden name Chaia Yankelevich
15. Birthplace (City, town, or county) Poland 11 (State or foreign country)

16. (a) Informant Essak Levitch

(b) Address 3628 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

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

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

19. (a) 5-1-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour 8 minute 05 A.M.

21. I hereby certify that I attended the deceased from 4 17, 1948 to 4-30, 1948 that I last saw her alive on 4-30, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion with

Due to Myocardial Infarction

Due to Terminal Uremia

Other conditions Chronic Cholecystitis with Stones (Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy 126

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] M. D. or other

Address [illegible] Date signed 4/30

(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.....A. L. Lewis.....

Licensed Embalmer No.....3170.....

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.