

No. 300
M-10-47
5-17-39
I 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29848**
Registrar's No. **3704**

Registration District No. **149**

Primary Registration District No. **1002**

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:
2906 Michigan /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **37** years (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **Menia 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 **Widowed**
6. (b) Name of husband or wife **Borris M.**
6. (c) Age of husband or wife **alive** years
7. Birth date of deceased **October 15, 1884**
(Month) (Day) (Year)

8. AGE: Years **63** Months **10** Days **23**
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 **XX**

12. Name **Bevil Solkow**

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

14. Maiden name **Rachael Livka**

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

16. (a) Informant **Isadore Levitch**

(b) Address **5905 Wabash**

17. (a) **Burial** (b) Date thereof **9-10-48**
(Burial, cremation, or removal) (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) **9-10-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **2906 Michigan**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **8**
year **1948** hour **11:00** minute **4** M.
21. I hereby certify that I attended the deceased from **July 9**, 19**48** to **Sept. 8**, 19**48**
that I last saw her alive on **Sept. 7**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Head of Pancreas**
Duration **8 mo.**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **468**

Major findings: Of operations **Same -**
Of autopsy _____
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)
(e) Means of injury **0**
23. Signature **M. J. Berry** (M. D. or other)
Address **315 Alameda Rd.** Date signed **9-9-48**

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

MOTHER FATHER

VA 32-43

WE 950P

Phyllis M. ...
Mary Leavy
Batham

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. 3110
P. O. Address K P 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.