

FILED SEP 28 1948
Registration District No. **260**

Primary Registration District No. **6225**

Registrar's No. **129**

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Twp Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 yrs. 1 mo. 6 da
In this community 19 yrs - 1 month 8 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City **3**
(If outside city or town limit, write "RURAL") **8**
(d) Street No. 210 W Eleventh
(If rural, give location) **1**
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Louis Levinow

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10 1887
(Month) (Day) (Year)

8. AGE: Years 61 Months OK Days OK If less than one day _____ hr. _____ min.

9. Birthplace New York City N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business _____

MOTHER FATHER
12. Name Herman S Levinow
18. Birthplace Russia
14. Maiden name Estin
15. Birthplace Russia

16. (a) Informant Richard - Neppel, M.D.

(b) Address State Hospital # 3

17. (a) Removal (b) Date thereof 9-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director J. P. Lewis Funeral Home
(b) Address 3400 W. 1st Ave, K.C. Mo

19. (a) 9-23-48 (b) Wathyn Vancey
(Date received local registrar) (Registrar's signature) **3/11**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23
year 1948 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 9-23-, 1948, to 9-23-, 1948
that I last saw him alive on 9-23-, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 Day

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 94W
Of autopsy _____

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 1

23. Signature J. R. Bunch (M. D. or other) _____
Address State Hospital # 3 Date signed 9-23-48

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

RECEIVED

District Health Officer No. 7;

District File Number 8-48-111

Date Filed 9-29-48

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.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, above space should be left blank.