.S. No. 300
EV. 10.48

FILED MAR 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9946
State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1409

4

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Campbell N. H. 2905 Campbell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3021 Harrison

3438

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): JANE
c. (Last): LEVIS

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 7, ~~1880~~ 1885
9. AGE (In years last birthday): ~~72~~ 67
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): England
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Walter Johnson
13b. MOTHER'S MAIDEN NAME: Alice Parker
14. NAME OF HUSBAND OR WIFE: Frank Levis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 500-03-8993
17. INFORMANT'S SIGNATURE OR NAME: Mrs. John K. Westfall
ADDRESS: 20 W. Winthrope Rd.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) malignant hypertension — 3 years
DUE TO (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331 A

Cremated

19a. DATE OF OPERATION: 4-7-53
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 5-2 *, 19__, to* Mar 7 *, 1953, that I last saw the deceased alive on* Mar 6 *, 1953, and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm. R. Jackson (Degree or title): Wm R. Jackson MDO
23b. ADDRESS: 1107 Bryant Bldg
23c. DATE SIGNED: 3/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-9-53
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 3-9-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Stine-Mc Clure
ADDRESS: K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

W L Jackson
Bryant Bldg

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student .....
Student Embalmer

Signed F S Walton

Licensed Embalmer No. 2744

P. O. Address KC, 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.

State of Missouri
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 9946-53
Local Registrar's No. 1409

On this 6th. day of April, 1953, before me appears Mrs. John K. Westfall, who, upon her oath, states that the original record of ~~XXX~~ death for Mrs. Mary Jane Levis, died ~~XXX~~ March 7, 1953, in the State of Missouri, and which was filed at Kansas City on 3-8, 1953, should be corrected as follows:

Item No. 8 should read July 7, 1885
Instead of July 7, 1880

Item No. 9 should read 67
Instead of 72

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Florence M. Westfall Daughter
(Mrs John K. Westfall) Relationship.
20 West Winthrope Road K.C. Mo.
Present Address.

Subscribed and sworn to before me this 6th day of April, 1953.

My Commission expires March 1, 1957 Elspeth M. Millar Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817

Sup - 9946