MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED APR 2 1943

10449
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 148
(b) Township Ft Osage — Primary Registration District No. 5569 — Registered No.
(c) City Levasy RR 1 — (d) Street No. / — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME August Wm. Leweke
(a) Residence, No. Levasy RR No. 1. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Caroline Leweke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24. 1863

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	4	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. his farm
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drake Missouri

FATHER
13. NAME WmLeweke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) but in Germany

17. INFORMANT (ADDRESS) Mr. Herbert Leweke, Levasy Missouri

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Napoleon Mo. DATE Mch. 11. 43

19. FUNERAL DIRECTOR (NAME) V. M. Reppert (ADDRESS) Buckner Mo.

20. FILED 3-10-43 V. M. Reppert — Local Registrar.

MEDICAL CERTIFICATE OF DEATH 7:00 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 8. 1943, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1943 to Mar 8, 1943.
I last saw him alive on Mar 3, 1943. Death is said to have occurred on the date stated above, at 7:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb.
	7th
	1943

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation none Date of
What test confirmed diagnosis? V Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John W Robertson, C, M. D.
(Address) Buckner Mo. 3-10-43

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1402B

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 ..... J. M. Reppert

Licensed Embalmer No. 2321

P. O. Address Buckner, 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.