

**FILED** JAN 28 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 8

1. PLACE OF DEATH:  
 (a) County Hennip  
 (b) City or town Clinton Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community all her life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Hennip 42  
 (c) City or town Clinton (If outside city or town limits, write "RURAL")  
 (d) Street No. 334 N Water St 2 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LIZZIE LEVY  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 6 year 1946 hour 6 minute A M.  
 21. I hereby certify that I attended the deceased from year 1-6 1946 to 1-5 1946  
 that I last saw her alive on 1-5 1946  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death apoplexy

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Robert Levy 6. (c) Age of husband or wife if alive 82 years  
 7. Birth date of deceased Aug 31 (Month) (Day) (Year) 1865

Duration  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years 80 Months 4 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 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? \_\_\_\_\_  
 (Specify type of Place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

9. Birthplace Clinton Mo (City, town, or county) (State or foreign country)  
 10. Usual occupation House work  
 11. Industry or business \_\_\_\_\_  
 12. Name Winding Ochsner  
 13. Birthplace Germany (City, town, or county) (State or foreign country)  
 14. Maiden name Don't know  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Robert Levy  
 (b) Address Clinton Mo  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-46 (Month) (Day) (Year)  
 (c) Place: burial or cremation Englewood  
 18. (a) Signature of funeral director Consuelo Pest  
 (b) Address Clinton Mo  
 19. (a) 1-7-1944 (Date received local registrar) (b) R. H. Hennip (Registrar's signature)

23. Signature E. C. Peeler M.D.  
 Address Clinton Mo Date signed 1-7-46

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

MOTHER FATHER

FEB 7 1943

RECEIVED

JAN 29 1945

Collector No. 7,

12-40-1394

Date

Date Filed

1-26-46

MAR 8 1946

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. G. Conzelmann*  
Licensed Embalmer No. 1891  
P. O. Address Clinton, 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.