

No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 1 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36781

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 218

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton mo
(c) Name of hospital or institution:
134 N. Water St
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution.....
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Henry 42
(c) City or town Clinton mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. North Water 2
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JAMES ROBERT LEVY
(b) If veteran, name war.....
(c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 23
year 1946 hour 2 minute 15.9 M.
21. I hereby certify that I attended the deceased from 1-20 1946 to 11-23 1946
that I last saw him alive on 11-22 1946
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced wid
(b) Name of husband or wife.....
(c) Age of husband or wife if alive..... years
7. Birth date of deceased April 23 1863
(Month) (Day) (Year)

Immediate cause of death Coronary Disease
Due to Atherosclerosis
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 94A
Of autopsy none

8. AGE: Years 83 Months 7 Days 0
If less than one day hr. min.
9. Birthplace Henry Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired
11. Industry or business.....
12. Name James Levy 9
13. Birthplace Don't know 1
(City, town, or county) (State or foreign country)
14. Maiden name Sueann Burnades 9
15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

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)
(c) Means of injury

16. (a) Informant Harry Levy
(b) Address Clinton mo
17. (a) Burial (b) Date thereof 11-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood
18. (a) Signature of funeral director Consalus + Per
(b) Address Clinton mo
19. (a) 11-25-46 (b) R.R. Kenney
(Date received local registrar) (Registrar's signature)

23. Signature Ed G. Peltor M.D.
Address Clinton Mo Date signed 11/23/46

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

35691

120

(Licensed Embalmer's Statement on Reverse Side)

77-8-21
11-16-2021
2021
10/1/21

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 R. R. Kenney

Licensed Embalmer No. 3099

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.