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.

SEP 6 1939

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

28116
Do not use this space.

3118

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No.
(c) or City Kansas City (d) Street No. 4046 Benton Blvd 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 150 Ida Levin
(a) Residence, No. 4046 Benton Blvd 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 Fe
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Levin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not Known
7. AGE YEARS 71 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

FATHER
13. NAME Meyer Pogealevitz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Mrs Barney Friedson 4046 Benton
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheffield DATE 8-6 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. P. Louis Funeral Home 3400 Woodland
20. FILED 8/6 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935, to 8-4, 1939
I last saw her alive on 7-29 1939 Death is said to have occurred on the date stated above, at 10:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	5 yrs.
92	

Other contributory causes of importance:

General arteriosclerosis	5 yrs
Hypertension	5 yrs

Name of operation none Date of —
What test confirmed diagnosis? phys. signs Was there an autopsy? —

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) A. Morris Gibbs M. D.
(Address) 420 Prof Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.