

FILED OCT 20 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3659

1. PLACE OF DEATH: Jackson
 (a) County.....
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K.C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 days
 (Specify whether
 In this community 16 yrs.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 723 Tracy
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Jacob Levine

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race Wn. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased NOT KNOWN
 (Month) (Day) (Year)

8. AGE: Years 61 Months - Days - If less than one day hr. min.

9. Birthplace Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation Cantor

11. Industry or business Singer

12. Name Martin Levine

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Celia

15. Birthplace Germany
 (City, town) or county (State or foreign country)

16. (a) Informant Fannie Levine

(b) Address K. C. Mo.

17. (a) Burial (b) Date thereof Oct 5, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem.

18. (a) Signature of funeral director J. P. Harris Funeral Home

(b) Address K. C. Mo.

19. (a) 10-5-42 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4th
 year 1942 hour 11 minute 22 A. M.

21. I hereby certify that I attended the deceased from 9-13-42 19... to 10-4-42 19...
 that I last saw him alive on 10-4-42 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
 Duration
 Due to 11/10/42
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury
 23. Signature Dr. R. Thom (M. D. or other)
 Address Med. Dir. K.C. General Hospital K. C. Mo. Date signed

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

48
80

48
M

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 *[Handwritten Signature]*
Licensed Embalmer No. 3110
P. O. Address K.C. 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.