S. No. 2
I—5-42
5-17-39
I X32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28627

FILED SEP 10 1943

Registration District No. 583

Primary Registration District No. 5655

Registrar's No. 147

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 days (Specify whether In this community 39 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Aurora 1 (If outside city or town limits, write "RURAL")

(d) Street No. 212 Madison 1 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Joseph Ben Levine

3. (b) If veteran, name war No —

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marion Flider Levine

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Dec (Month) 10 (Day) 1888 (Year)

8. AGE: Years 54 Months 8 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Ladies - ready to wear

FATHER
12. Name Unknown
13. Birthplace Unknown 7 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 7 (City, town, or county) (State or foreign country)

16. (a) Informant Mc Michael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/43 (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield (Kansas City)

18. (a) Signature of funeral director Oscar Marsh

(b) Address Aurora Mo

19. (a) 9-2-43 (Date received local registrar) (b) Acc'dy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1943 hour 12 minute 10 P M.

21. I hereby certify that I attended the deceased from July 10 1943, to Aug 17 1943 that I last saw him alive on Aug 17 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Pulmonary tuberculosis	8 Mos.
Due to	
Due to 13 fl	
Other conditions (2) Pleural effusion (Include pregnancy within 3 months of death)	3 Mos.
(1) Pericardial effusion	

Major findings: Of operations None

Of autopsy Pulmonary tb., pericardial effus., and pleural effusion.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. B. Stokes (M. D. or other)

Address Mt. Vernon, Mo. Date signed 8/17/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 943-963
Date Filed SEP 7 1940

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 .....
Myself, Registered Apprentice No. .....,
working under my personal supervision.

Signed Oscar L. Mark

Licensed Embalmer No. 3812

P. O. Address Aurora 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.