

FILED MAR 20 1948

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1067

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-14-48 (admitted)
(Specify whether
in this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2313 E 26th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mrs. Leva Weinstein

3. (b) If veteran, name war --no

3. (c) Social Security No. none

4. Sex F

1

5. Color or race White

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

6. (b) Name of husband or wife Jacob

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

7. Birth date of deceased Feb 29 1880
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

68

0

1

hr. _____ min.

9. Birthplace _____

(City, town, or county)

Russia

(State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Israel Weinstein

13. Birthplace _____
(City, town, or county)

Russia
(State or foreign country)

14. Maiden name Bessie (unknown)

15. Birthplace _____
(City, town, or county)

Russia
(State or foreign country)

16. (a) Informant Louis Weinstein

(b) Address 4500 South Benton, K. C. Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 3-7-48

(Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

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

(b) Address 3400 Woodland Ave. K. C. Mo.

19. (a) 3-8-48

(Date received local registrar)

(b) Steraldine Holmes

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1948 hour 4:03 minute _____ M.

21. I hereby certify that I attended the deceased from 14 1948, to 3-5 1948

that I last saw her alive on 3-5-48, and that death occurred on the date and hour stated above.

Immediate cause of death acute pulmonary edema

Duration

terminal

Due to generalized cyst adenocarcinoma of abdomen
Due to originating in ovaries

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: as above 49a

Of operations _____

Of autopsy as above

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? _____ (c) Means of injury _____

23. Signature Joseph H Printz
Address 1103 Grand Date signed 3-6-48

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

MOTHER FATHER

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 Guy Buffington
Licensed Embalmer No. 2707
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.