

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

23108

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2851

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Months
(Specify whether years, months or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 103 Ward Parkway
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sophie Levin

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Moses 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown, 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months - Days - If less than one day hr. min.

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

10. Usual occupation Housewife.

11. Industry or business

12. Name Moses Moskowitz.

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

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Sadie Levin

(b) Address 103 Ward Parkway

17. (a) Removal (b) Date thereof July 12, '48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Minneapolis Minnesota.

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

(b) Address 3400 Woodland.

19. (a) 7-10-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from March 31, 1948, to July 10, 1948.
that I last saw h^er alive on July 10, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma of liver & lung
carcinoma of sigmoid
Due to
Due to

Duration
1 year

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 462
Of autopsy

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) (c) Means of injury ?

23. Signature J.S. Cape (M. D. or other) MD
Address Kansas City, Mo. Date signed 7/10/48

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 Beffington
Licensed Embalmer No. 2756
P. O. Address R. C. Mo.

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

If this body is not embalmed, fact should be so stated above.