

FILED MAR 16 1942

State File No. _____

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 923

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5506 College Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 40 Yrs.
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. 5506 College Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Theodore ASHOUR.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mary Angell Ashour. 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 16th, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 18 hr. min.

9. Birthplace Appleton / Wisconsin.
(City, town, or county) (State or foreign country)

10. Usual occupation Park Board

11. Industry or business Park Department

MOTHER FATHER { 12. Name Mr John Ashour
13. Birthplace Unknown / Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Margarite McCullon
15. Birthplace Unknown / Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Ashour

(b) Address 5506 College

17. (a) Burial (b) Date thereof 3-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) 3-6-42 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1942 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3/1/42
19 to 19
that I last saw him alive on 3/3- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death uremia
Chy. Stomach's regurgitate
Chy. valves. Abs.
Due to _____
Due to _____
Other conditions 15/B
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy no

Duration
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?

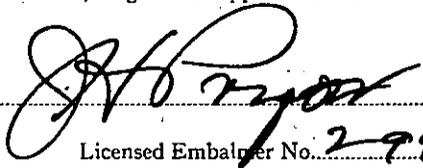
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature H. C. ... (M. D. or other) MD
Address 1022 Argyle Date signed 3/6/42

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

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. 2999

P. O. Address..... KC

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.