

FILED JUN 1-1 1942
Registration District No. 22

Primary Registration District No. 5-7-0-3 #318

State File No. _____
Registrar's No. 5

1. PLACE OF DEATH:

(a) County MACON
(b) City or town BEVIER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 19 YEARS (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MACON
(c) City or town BEVIER
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EFFIE SEIFY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE race WHITE 5. Color or _____
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GEORGE SEIFY 6. (c) Age of husband or wife if alive 70

7. Birth date of deceased DECEMBER 20, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 4 13 _____ hr. _____ min.

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

10. Usual occupation DOMESTIC

11. Industry or business _____

MOTHER FATHER
12. Name NASSIE KHOURIE
13. Birthplace HASBAYA SYRIA
(City, town, or county) (State or foreign country)
14. Maiden name SARAH KURBAN
15. Birthplace S.H. WEIR-URBAN, SYRIA
(City, town, or county) (State or foreign country)

16. (a) Informant MR. GEORGE SEIFY
(b) Address BEVIER, MO.

17. (a) BURIAL (b) Date thereof 5-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. CHARLES CEMETERY

18. (a) Signature of funeral director J. S. Edwards
(b) Address Bevier, Mo.

19. (a) 5-10-42 (b) Mrs. Tom Pitt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3rd
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 1, 1942 to Day and 19 42
that I last saw her alive on April 25 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver 19 42

Due to Carcinoma of Colon 19 41

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

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 J. J. Turner M. D. or other _____
Address Macon, Mo. Date signed 5/8/42

Duration
1942
1941
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 6-42-1247

Date Filed JUN - 9 1947

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

J. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Berlin, 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.