S. No. 2
M—5-42
5-18-39
P 12872

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13055

State File No. .....

MAY 3 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1574

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

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:
4444 Michigan Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 32 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 4444 Michigan Avenue
(If rural, give location)

(e) Citizen of foreign country Naturalized Citizen (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mr. Charles Boutross

3. (b) If veteran, name war Nonr

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Mrs. Tamam Boutross

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August (Month) 15 (Day) 1879 (Year)

8. AGE: Years 63 Months 77 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Syria 8 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Salesman

FATHER
12. Name Charles Boutross
13. Birthplace ..... (City, town, or county) Syria 8 (State or foreign country)

MOTHER
14. Maiden name Rose Gedban
15. Birthplace ..... (City, town, or county) Syria 8 (State or foreign country)

16. (a) Informant Mrs. Tamam Boutross

(b) Address 4444 Michigan Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-2-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1943 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-2, 1943, to 4-2, 1943 that I last saw him alive on 4-2-, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 3 days
Chr. Interstitial Nephritis — 1 yrs.

Due to 131a

Due to

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

Major findings:
Of operations None

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. E. Sheldon (M. D. or other)

Address 922 Walnut KC Mo. Date signed 4-2-43.

(Licensed Embalmer's Statement on Reverse Side)

609 Commerce Bldg.
12-53

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.