. S. No. 2
OM—5-42
FILED MAY 6 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13312

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 2320

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: Research Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ½ Day (Specify whether
In this community ½ Day years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

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

(d) Street No. 4221 Bellefontaine
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Infant MOHANNA

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced INFANT 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April 26th, 1943
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	9 hr. 40 min.

9. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

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

MOTHER
14. Maiden name Miss Martha Abraham
15. Birthplace Nebraska 1
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Mohanna,
(b) Address 4221 Bellefontaine, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/43.
(Month) (Day) (Year)
(c) Place: burial or cremation Burial at Calvary Cem.

18. (a) Signature of funeral director Mellody - McGilley
(b) Address K.C. Mo.

19. (a) 4/29/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1943 hour 7:30 minute AM M.

21. I hereby certify that I attended the deceased from 4/26/43, 19 to 4/27/43, 19;
that I last saw him alive on 4/27/43, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth at aproximately 6 mo.

Due to 159

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Marie Esmond (M. D. or other) MD
Address 1300 Professional Bldg. Date signed 4-28-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.