S. No. 2
M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

Registration District No. 1049

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38022

Primary Registration District No. 1002

Registrar's No. 4709

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: ST MARYS - HOSPITAL
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 23 DAYS (Specify whether
In this community: 47 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON
(c) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No.: 9500 INDEPENDENCE AVE
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country: SYRIA

3. (a) PRINT FULL NAME: FRED H. BOUTROSS
3. (b) If veteran, name war: NO
3. (c) Social Security No.: 702-12-0549

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MRS. LATIFY BOUTROSS
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: AUG. 3 - ~~1896~~ 1898
(Month) (Day) (Year)

8. AGE: Years: 49 ~~51~~ Months: 3 Days: 7 If less than one day: hr. min.

9. Birthplace: SYRIA (City, town, or county) (State or foreign country)
10. Usual occupation: CLERK - CHIEF YARD CLERK
11. Industry or business: KCS. RAILROAD
12. Name: HERBERT J. BOUTROSS
13. Birthplace: SYRIA (City, town, or county) (State or foreign country)
14. Maiden name: ANNA ZOLTROS
15. Birthplace: SYRIA (City, town, or county) (State or foreign country)
16. (a) Informant: LATIFY BOUTROSS
(b) Address: 9500 INDEPENDENCE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: NOV. 12 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: O. K. Feuchtmann Sons
(b) Address: 1401 - BRUSH CREEK BLVD.
19. (a) 11-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: NOVEMBER day: 10TH
year: 1947 hour: 2 minute: 10 P. M.
21. I hereby certify that I attended the deceased from 10-17 1947 to 11-10 1947
that I last saw him alive on 11-10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage, left sided
Due to: Hypertension
Due to:
Other conditions (Include pregnancy within 3 months of death): ~~T 38~~
Major findings: Of operations:
Of autopsy:

Duration

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): 0
(b) Date of occurrence: 0
(c) Where did injury occur? 0 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0
While at work? (Specify type of place) (e) Means of injury: 0
23. Signature: D. W. Musser (M. D. or other)
Address: 500 Argyle Bldg. Date signed: 11-11-47

Jefferson City Printing Co.

(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 John E Flaherty Registered Apprentice No. 504, working under my personal supervision.

Signed E Oscar Worthy

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson

State File No.
Local Registrar's No. 4709-47

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17 day of November, 1947, before me appears Mrs Fred Boutross, who, upon her oath, states that the original record of ~~birth~~ death for Fred H. Boutross, ~~born~~ died Nov. 10, 1947, 19..., in the State of Missouri, and which was filed at K. C. Mo on 11-11, 1947, should be corrected as follows:

Item No. 7 should read August 3, 1898
Instead of August 3, 1896

Item No. 8 should read 49-03-7
Instead of 51-3-7

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Fred Boutross Wife
Relationship.

9500 Indep ave K.C. Mo
Present Address.

Subscribed and sworn to before me this 17 day of November, 1947.

My Commission expires Oct. 21. 1951

Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817

5-38022