No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8830

FILED MAR 20 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1040

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

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:
General Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-17-48-3-4-48 (Specify whether
In this community 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 548 Cherry 8
(If rural, give location) 0

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

If yes, name country Born in Syria

3. (a) PRINT FULL NAME Monsoor Mohanna

3. (b) If veteran, name war — no

3. (c) Social Security No. — none

4. Sex M 4

5. Color or race Syrian

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 4 (Month) 12 (Day) 1880 (Year)

8. AGE: Years 67 Months 10 Days 22 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

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

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

16. (a) Informant Margaret Dip
(b) Address 548 Cherry

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Marys

18. (a) Signature of funeral director Sebbeto's
(b) Address City

19. (a) 3-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4
year 48 hour 8 minut 00 A.M.

21. I hereby certify that I attended the deceased from 2-17-48, 19, to 3-4-48, 19;
that I last saw him alive on 3-4-48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of lung	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 47d

Of autopsy none

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)

(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) 0

While at work? (e) Means of injury

23. Signature Wm W. Hart (M. D. or other) MD

Address Gen. Hosp. #1 Date signed

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~~ _____ _____ Registered Apprentice No. _____, working under my personal supervision.

Signed Ray E Snow

Licensed Embalmer No. 2560

P. O. Address [illegible]

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.