N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34863
Do not use this space.

1938 NOV 21 938

1. PLACE OF DEATH
(a) County: Jackson
(b) Township: Lee
(c) City: Kansas City
Registration District No.: 1002
Primary Registration District No.:
Registered No.: 4199
(d) Street No.: Menorah Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Mrs. Budura Sharbel
(a) Residence, No.: 3029 Wayne St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Tony Sharbel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 11 1892
7. AGE: Years 45 Months 10 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syria

FATHER
13. NAME: Assad, Mansour
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Esmad Gamam
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Tony Sharbel 3029 Wayne
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. of Mary DATE: Oct 29 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): D. H. Newcomer's Sons Brushcreek + Paseo
20. FILED: 10-27-1938 M. M. Crane Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1938, to Oct 26, 1938
I last saw h. alive on 10-26, 1938. Death is said to have occurred on the date stated above, at 10 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	10/20/38
GHD	

Other contributory causes of importance: Nitrogen Retention

Name of operation: none Date of:
What test confirmed diagnosis? E. K. G. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joseph H. Pruitt, M. D.
(Address) 1024 Professional Bldg.

(Licensed Embalmer's Statement on Reverse Side)

Before 3 PM!

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.....Nell Carr

Licensed Embalmer No.....3976

P. O. Address.....1401 Brusha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.