

3-40
7-39
X23159

Registration District No. 99

Primary Registration District No. 1002

State File No.

Registrar's No.

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: St. Luke's Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sadie Joseph MOHANNA.

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Mohanna. 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased November 15th, 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business 7

12. Name Joseph Gasson.

13. Birthplace Syria
(State or foreign country)

14. Maiden name Sadie Massad

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

16. (a) Informant Charles J. Mohanna.

(b) Address 4221 Bellefontain Ave.

17. (a) Burial (b) Date thereof 10/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

19. (a) 10-28-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3345 Euclid Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 27 Yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1940 hour Nine minute 45 A. M.

21. I hereby certify that I attended the deceased from Oct. 19, 1940 to Oct. 26th, 1940 that I last saw her alive on October 26th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration

Due to Coronary occlusion

Due to 940

Other conditions Pulmonary edema
(Include pregnancy within 3 months of death)
Gut cholecystitis

Major findings: Myocardial infarction
Of operations

Of autopsy Coronary occlusion & Myocardial infarction

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 1

23. Signature Chester Lee (M. D. or other) _____
Address Professional Bldg. Date signed _____

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

MOTHER FATHER

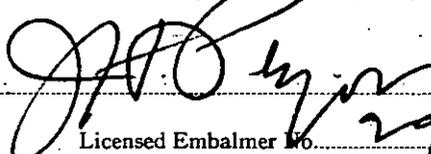
STATEMENT BY LICENSED EMBALMER

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. 267

working under my personal supervision.

Signed.....


..... Licensed Embalmer No. 2999

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.