

FILED FEB 11 1942

Registration District No. 399

Primary Registration District No. 1002

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: H.C. General Hospital No. 1
(If not in hospital or institution, write street number or location) 8 days
(d) Length of stay: In hospital or institution 8 days
In this community 44 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN SYRIA

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 18 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cashier (Retired)

11. Industry or business _____

MOTHER FATHER { 12. Name Moses C. Syria
13. Birthplace Ky.
14. Maiden name Emily Williams
15. Birthplace Ky.

16. (a) Informant William Syria
(b) Address Watonga, Okla.

17. (a) Burial (b) Date thereof 1-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn.

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City Mo.

19. (a) 1-22-42 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
Ashlans (If outside city or town limits, write "RURAL")
(d) Street No. Missouri Ave. & Grand Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
Jan. 20th

20. DATE OF DEATH: Month _____ day 6 year 1942 hour _____ minute 45 P. M.

21. I hereby certify that I attended the deceased from 1-12-42 to 1-20-42
that I last saw him in alive on 1-20-42
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy of prostate with acute retention

Due to _____
Due to 1370

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy None

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 _____ Means of injury _____
23. Signature Avery R. Thora (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital Date signed _____

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Samuel C. Browning

Licensed Embalmer No. 2724

P. O. Address N. C. Mo

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.