

I X29484

FILED FEB 14 1942

Registration District No. 624

Primary Registration District No. 3024

Registrar's No. 7

54
3
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Lafayette

(b) City or town Huntington, W. Va.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 12th main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

(c) City or town Huntington 54
(If outside city or town limits, write "RURAL")

(d) Street No. 12th main
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Marina Nasser

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1942 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 10
1941 to Jan 13, 1942
that I last saw her alive on Jan 13, 1942
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced, widow

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

7. Birth date of deceased P 7 1853
(Month) (Day) (Year)

Immediate cause of death Chronic nephritis Duration —

Due to —

Due to —

Other conditions (include pregnancy within 3 months of death) 1318

8. AGE: Years 89 Months — Days — If less than one day — hr. — min.

9. Birthplace 8 Syria
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business —

12. Name not known

13. Birthplace —
(City, town, or county) (State or foreign country)

14. Maiden name not known

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

PHYSICIAN —

Underline the cause to which death should be charged statistically.

Major findings: Of operations —

Of autopsy —

16. (a) Informant Mrs Nasser
(b) Address Huntington, Mo

17. (a) Burial (b) Date thereof 1-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntington, Mo

18. (a) Signature of funeral director W. S. ...
(b) Address Huntington, Mo

19. (a) 2-3-42 (b) Mrs. Fred Schwab
(Date received local registrar) (Registrar's signature)

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?
—

While at work? — (Specify type of place) (e) Means of injury —

23. Signature B. B. Brooker (M. D. or other) —
Address Huntington, Mo Date signed 2/3/42

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-12-42

Brosler

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 Geo. A. McLean

Licensed Embalmer No. 2983

P. O. Address Leungton 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.