

FILED MAY 25 1942
Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 92

1. PLACE OF DEATH:

(a) County: Marion
(b) City or town: Fannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Leveing Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community: 32 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion
(c) City or town: Fannibal (If outside city or town limits, write "RURAL")
(d) Street No.: 2200 Market St. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country: Syria

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 4
year: 1942 hour: 3 minute: 25 A. M.

21. I hereby certify that I attended the deceased from Mar 28 1942 to Apr 4 1942
that I last saw him alive on Apr 4 1942
and that death occurred on the day and hour stated above.

Immediate cause of death: Angina pectoris
Due to: 948
Due to: _____

Other conditions: Chromocystitis
(Include pregnancy within 3 months of death)

Major findings: nil
Of operations: _____
Of autopsy: nil

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: 1/1/1
(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) (c) Means of injury: _____

23. Signature: J. H. Keuborn (M. D. or other) _____
Address: 1001 Perry Avenue St. Mo. Date signed: Apr 6/1942

3. (a) PRINT FULL NAME: Joseph Ahmed

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

4. Sex: Male 5. Color or race: white 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: don't know 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: June 16 1886
(Month) (Day) (Year)

8. AGE: Years: 35 Months: 9 Days: 18 If less than one day: _____ hr. _____ min.

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

10. Usual occupation: Proprietor

11. Industry or business: Dry Goods Store

12. Name: Abdulk Kaseem

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)

16. (a) Informant: Salomon Joseph

(b) Address: 521 Bird, Fannibal, Mo.

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: Apr 6 1942
(Month) (Day) (Year)

(c) Place: burial or cremation: St. Oluf Cemetery

18. (a) Signature of funeral director: Ray P. Schwartz

(b) Address: 1000 Olive, Fannibal, Mo.

19. (a) Date: 4/7/42 (b) Signature: Robt. W. Connor
(Address of local registrar) (Registrar's signature)

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

64
3
4

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:.....

Roy P. Schwartz

Licensed Embalmer No.

1763

P. O. Address

1500 Edwy. Hamel

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.