

FILED MAR 5 1943

State File No.

898

Registration District No. 147

Primary Registration District No. 1002

Registrar's No.

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 St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 23 Days
(Specify whether years, months or days)

In this community 54 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 9500 Independence Avenue
(If rural, give location)

(e) Citizen of foreign country? 54 Years in U.S. (Yes or No)
If yes, name country Syria

3. (a) PRINT FULL NAME Mr. Joseph A. Boutross

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th
year 1943 hour 4 minute P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Sophie J. Boutross

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 28, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1936, 19 to 2-19, 1943
that I last saw him alive on 2-19, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 7 Days 23
If less than one day hr. min.

Immediate cause of death Arteriosclerosis
sclerosis

Due to chronic coronary sclerosis

Other conditions At. lobes pneumonia
(Include pregnancy within 3 months of death)

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

10. Usual occupation Linen Importer & Merchant

11. Industry or business 220 East 11th Street

MOTHER FATHER

12. Name Albert Boutross

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

14. Maiden name Almas Basha

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

PHYSICIAN

Major findings: Of operations ulceration coronary
sclerosis

Of autopsy ulceration coronary
sclerosis

16. (a) Informant Mrs. Sophie J. Boutross

(b) Address 9500 Independence Avenue

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Feb. 22, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation 1414 Mt. St. Mary's Cemetery

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?
.....

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/24/43 (Date received local registrar)

(b) M. M. Browne (Registrar's signature)

23. Signature Allen Boutross (M. D. or other)

Address Argyle Bldg Date signed 2/20/1943

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

48
3
8

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 C. Harvey Quisenberry
Licensed Embalmer No. 4070
P. O. Address PC No

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.