V. S. No. 2
50M—5-42
V. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9655

FILED APR 14 1943

Registration District No. 1002

Primary Registration District No. 1000

Registrar's No. 373

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 5413 King Hill Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Midas G. Mooradian
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: Widower
6. (b) Name of husband or wife: Dont Know
6. (c) Age of husband or wife if alive: About 1885 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years: About 58 Months: Days: If less than one day hr. min.

9. Birthplace: Kamakia (City, town, or county) Armenia (State or foreign country)
10. Usual occupation: Resturant
11. Industry or business:
FATHER 12. Name: Unknown
FATHER 13. Birthplace: (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. Harry Sarkisian
(b) Address: 5616 King Hill Ave. St Joseph
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 7, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Odd Fellows Cem.
18. (a) Signature of funeral director: Clark Mortuary
(b) Address: 3025 King Hill St Joseph, Mo
19. (a) 3-7-43 (Date received local registrar) (b) Rae Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 3rd year: 1943 hour: 8 minute: 30 A.M.

21. I hereby certify that I attended the deceased from March 1, 1943, to March 3, 1943, that I last saw him alive on March 2, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	2 da.
Due to: Cardio vascular renal disease	
~~Due to~~	
Other conditions (Include pregnancy within 3 months of death): Bronchial pneumonia	1 day

Major findings:
Of operations: none
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? (e) Means of injury:

23. Signature: C. S. Grant (M. D. or other)
Address: St. Joseph, Mo. Date signed: 3-5-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4235

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.