

FILED JAN 28 1946

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: In ambulance
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)
In this community 15 years

3. (a) PRINT FULL NAME Hussine George Aladeen

3. (b) If veteran, name war none 3. (c) Social Security No. 491-10-5169

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Flora M. Aladeen 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased May 14 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 5 24 hr. min.

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

10. Usual occupation groceryman
11. Industry or business Home Supply Mkt.

12. Name Mahmood Aladeen
13. Birthplace Yanta Syria
(City, town, or county) (State or foreign country)
14. Maiden name Obia Aladeen
15. Birthplace Yanta Syria
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flora M. Aladeen
(b) Address 2224 Felix

17. (a) burial (b) Date thereof 12/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Walter R. B. & Bowman
(b) Address 319 South 10th

19. (a) Dec 26-1945 (b) A. J. Mathews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2224 Felix
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th
year 1945 hour 3 minute P M.
21. I hereby certify that I viewed deceased from Nov 8th 19 45
that I last saw him alive on Nov 8th 19 45
and that death occurred on the date and hour stated above.
Immediate cause of death Mitral Insufficiency

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

Major findings: Of operations _____
Of autopsy 92
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? _____

While at work? (Specify type of place) _____ Means of injury 3
23. Signature B. W. Tadlock Coroner
(M. D. or other) _____
Address King Hill Bldg Date signed 1/9-46

Nothing was seen.

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.....*Frank A. Downing*

Licensed Embalmer No.....*1710*

P. O. Address.....*St. Francis 240*

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.