. No. 2
I—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5907

FILED FEB 19 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 619

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

4896

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: 3620 TROOST AVE 1ST FL. SOUTH
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 27 YEARS
years, months or days)

3. (a) PRINT FULL NAME Sellem Temrez MR SELLEM TEMRES

3. (b) If veteran, name war NO

3. (c) Social Security No. 495-07-7033

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. ETHEL TEMRES Temrez

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased DEC 25 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	1	109	hr. min.

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

10. Usual occupation PRESSER

11. Industry or business H. D. LEE MERCANTILE CO.

FATHER
12. Name JIM TEMRES Temrez
13. Birthplace (City, town, or county) SYRIA (State or foreign country)

MOTHER
14. Maiden name MAZOZO
15. Birthplace (City, town, or county) SYRIA (State or foreign country)

Corr. by Aff. April 18 1946 H. Stoll

16. (a) Informant MRS. ETHEL TEMRES Temrez
(b) Address 3620 TROOST 1ST FLOOR SOUTH

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 6 1946 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director O. W. Nuscomer Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-6-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3620 TROOST 1ST FLOOR SOUTH 0
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No) 0

If yes, name country SYRIA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 4TH year 1946 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 25-46, 19__, to Feb 4, 1946 that I last saw him alive on Feb 4, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	12 days
Due to Hypertension	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

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 0

23. Signature R. L. St Clair (M. D. or other)

Address 5242 St John Date signed 2/15 46

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1946

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K. C., 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No.
Local Registrar's No. 619

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19th day of February, 1946, before me appears Mrs. Ethel Temrey, who, upon her oath, states that the original record of ~~birth~~ death for Sellem Temrey, ~~born~~ died 2-4-, 1946, in the State of Missouri, and which was filed at K. C. Mo., on 2-6-, 1946 should be corrected as follows:

Item No. 3 should read Sellem Temrey
Instead of Sellem Temres

Item No. 6b should read Ethel Temrey
Instead of Ethel Temres

Item No. 12 should read Jim Temrey
Instead of Jim Temres

Item No. 16 should read Mrs Ethel Temrey
Instead of Mrs Ethel Temres

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ethel C Temrez wife
Relationship

3620 Troost
Present Address.

Subscribed and sworn to before me this 19th day of Feb., 1946.

My Commission expires Oct. 20-1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—4-43
I X36667

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