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M-5-43  
7. 5-17-39  
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16773

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. **2138**

Registration District No. **149**

Primary Registration District No. **1002**

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

**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: **RESEARCH HOSPITAL**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **13 DAYS**  
 In this community **4 YEARS**  
 (Specify whether years, months or days)

**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. **21 EAST 57TH STREET**  
 (If rural, give location)  
 (e) Citizen of foreign country? **unknown** (Yes or No)  
 If yes, name country

**3. (a) PRINT FULL NAME** **MR. JOSEPH THOMAS NAIFEH**  
**3. (b) If veteran,** name war **No**  
**3. (c) Social Security** No. **NONE**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **MAY** day **11<sup>TH</sup>**  
 year **1946** hour **2** minute **55A.** M.  
**21. I hereby certify that I attended the deceased from**  
**12-13**, 19**45**, to **5-11**, 19**46**  
 that I last saw him alive on **5-10-46**  
 and that death occurred on the date and hour stated above.

**4. Sex** **MALE**  
**5. Color or race** **WHITE**  
**6. (a) Single, widowed, married, divorced** **MARRIED**  
**6. (b) Name of husband or wife** **MRS. MINNIE NAIFEH**  
**6. (c) Age of husband or wife if alive** **60** years  
**7. Birth date of deceased** **May 28 1887**  
 (Month) (Day) (Year)

Immediate cause of death **Pneumo Pneumonia**  
 Due to **Acute Bacterial Pneumonia**  
 Due to **Bacterial Meningitis**  
 Other conditions **—**  
 (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<b>61</b>	<b>62</b>	<b>11</b>	<b>13</b>
				hr. min.

**9. Birthplace** **Mardjaim Assyria**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **RETIRED WHOLESALE GROCERY**

**11. Industry or business** **BRISTOW OKLAHOMA**

**12. Name** **Thomas NAIFEH**

**13. Birthplace** **Mardjaim Assyria**  
 (City, town, or county) (State or foreign country)

**14. Maiden name** **Inez Cahmra**

**15. Birthplace** **Mardjaim Assyria**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Minnie Naifeh**  
**(b) Address** **21 East 57th Street**

**17. (a) REMOVAL** (b) Date thereof **MAY 12 1946**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **SAPULPA OKLAHOMA**

**18. (a) Signature of funeral director** **D. H. Newcomer's Sons**  
**(b) Address** **1401 BRUSH CREEK BLVD.**

**19. (a) 5-11-46** (b) **Erhardine Holmes**  
 (Date received local registrar) (Registrar's signature)

**PHYSICIAN**  
 Major findings: **61**  
 Of operations  
 Of autopsy

**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) (d) Means of injury  
**23. Signature** **Frank B. ...** (M. D. or other) **MD**  
**Address** **924 ... R.O.C. Mo** Date signed **5-11-46**

924 Professional Body.  
2:30-4

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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 Oscar Northey  
Licensed Embalmer No. 1767  
P. O. Address Kansas City

**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.**