

No. 2
M-5-43
5-17-39
I X36671

State File No. _____
Registrar's No. 1082

FILED SEP 30 1946
Registration District No. 42

Primary Registration District No. 1000

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

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:
3212 Messanie St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 40 Years
years, months or days

3. (a) PRINT FULL NAME Sadie Dawaliby

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race Syrian

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

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September 26 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>11</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Eli Arbagey

13. Birthplace Unknown Syria 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sakaley

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

16. (a) Informant Mr. Henry Dawaliby

(b) Address 3212 Messanie St.

17. (a) Burial (b) Date thereof Sept. 26, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herbert J. ...

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Sept. 26, 1946 (b) [Signature]
(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. 3212 Messanie St. (If rural, give location) 7

(e) Citizen of foreign country? No (Yes or No) 0
*
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1946 hour 3 minute 15 P. M.

21. I hereby certify that I viewed the deceased from Sept 26th 1946 to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations 61

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury 3

23. Signature B. W. Tadlock Coroner
(M. D. or other) 3

Address King Hill Bldg Date signed 9/26/46

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 *Emilio Thomas*

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.