

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2608**

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

In this community 16 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. 3340 Euclid
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Mohanna

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 14
year 1947 hour 3 minute 25 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Sadie Mohanna 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 3 1947 to June 14 1947, that I last saw him alive on June 14 1947, and that death occurred on the date and hour stated above.

8. AGE: Years About 71 Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Arteriosclerotic heart disease
Terminal bronchopneumonia

Due to _____

Due to _____

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

Other conditions 932
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

Major findings: _____
Of operations _____

11. Industry or business unknown

Of autopsy None

12. Name Michael Mohanna

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

14. Maiden name Marysah John

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

16. (a) Informant Thomas Mohanna

(b) Address 3340 Euclid

17. (a) Burial (b) Date thereof 6-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of Walter McElroy, Jr.

(b) Address 1866 Lindwood Blvd. S.E. Mo

19. (a) 6-16-47 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury 0

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 6-16-47

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

Dr. Schuyler

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..... *Glenn E. Heck*

Licensed Embalmer No. *4063*

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.