FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28337

FILED AUG 18 1947

Registration District No. 49

Primary Registration District No. 3043

Registrar's No. 291

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 2 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Paris Mo Route 1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME HASSEN JOSEPH AMEEN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Mary Elizabeth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 18 (Day) 1881 (Year)

8. AGE: Years 66 Months 3 Days 20 If less than one day hr. min.

9. Birthplace BETHLOUN (City, town, or county) Labnon (State or foreign country) 9
10. Usual occupation Peddler
11. Industry or business
FATHER
12. Name JOSEPH AMEEN
13. Birthplace BETHLOUN (City, town, or county) LABNON (State or foreign country) 8
MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs Victor Herren
(b) Address Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Andrew Chapel; Marion Co
18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City; Mo
19. (a) 8-11-47 (Date received local registrar) (b) Dr E M Tucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1947 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from Aug 1 1947 to Aug 7 1947 that I last saw him alive on Aug 7 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death) 83A
Major findings: Of operations none
Of autopsy none

Duration

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other)
Address 1 Ave Bldg Hannibal Mo Date signed 8/11/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Leola L Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.