S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31476

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3878

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: 1101 West 76th Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether
In this community: 9 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No.: 1101 West 76th Street, 8
(If rural, give location)

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

If yes, name country: x

3. (a) PRINT FULL NAME: Frank Vahan Tashjian

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no. ~~365-18-2653~~

4. Sex: male 0

5. Color or race: white

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

6. (b) Name of husband or wife: Mrs. Alva Tashjian

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

7. Birth date of deceased: September (Month) 29, (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	11	9	hr. min.

9. Birthplace: (City, town, or county) Armenia (State or foreign country) 8

10. Usual occupation: Pattern Maker

11. Industry or business:

FATHER
12. Name: Ohan Tashjian
13. Birthplace: (City, town, or county) Armenia (State or foreign country) 8

MOTHER
14. Maiden name: Rose --
15. Birthplace: (City, town, or county) Armenia (State or foreign country) 8

16. (a) Informant: Mrs. Alva Tashjian,
(b) Address: 1101 W. 76th St., Kansas City, Mo.

17. (a) removal- burial (Burial, cremation, or removal) (b) Date thereof: 9-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Detroit, Michigan

18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-10-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8th
year 1947 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from May 21, 1947, to Sept 8, 1947, that I last saw him alive on Sept 8, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: HISTOPLASMOSIS — Duration: 4 yrs.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 29

Major findings:
Of operations:
Of autopsy: HISTOPLASMOSIS

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: Franklin D. Humphrey (M. D. or other) MD
Address: 1220 Professional Bldg. Date signed: 9/10/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank Murphy

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 J. Blair Sheppard

Licensed Embalmer No. 4179

P. O. Address S. 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.