

FILED AUG 9 1948

Registration District No. 290

Primary Registration District No. 3050

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
305 West 8th St.
(If not to hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 42 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louise Hamra

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex 7 / 5. Color or race W 6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Philip Hamra Sr. 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Aug 25 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Merjayan Lebanon Republic
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business House wife

MOTHER FATHER { 12. Name A. Khourie
13. Birthplace Merjayan Lebanon Republic
(City, town, or county) (State or foreign country)
14. Maiden name Amira Khourie
15. Birthplace Merjayan Lebanon Republic
(City, town, or county) (State or foreign country)

16. (a) Informant Philip Hamra, Jr.
(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof Aug 5 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Shrine
18. (a) Signature of funeral director W. J. House, Inc.
(b) Address Caruthersville, Mo.

19. (a) 8-4-48 (b) Resie B. Welch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 305 West 8th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1948 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Sept
1947 to Aug 3, 1948
that I last saw her alive on Aug 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Breast Duration 2 yr

Due to _____
Due to _____

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

Major findings: _____
Of operations 50
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) (e) Means of injury 0

23. Signature C. J. O'Connell (M. D. or other) MD
Address Caruthersville Date signed 8/3/48

8-48-218

AUG 17 1950

~~5-16-1~~ 6-N-11

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.....

Boytt. S. Willis, Registered Apprentice No. *19*
working under my personal supervision.

Signed *Neil C Deau*

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.