No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26338

FILED SEP 4 1948

Registration District No. 119

Primary Registration District No. 1001

Registrar's No. 3518

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: 2615 East-12th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether)
In this community: 40 years
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.: 2615 East-12th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: Syria

3. (a) PRINT FULL NAME: Mr. Tofick Louis Hallak

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

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Elizabeth J. Hallak

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

7. Birth date of deceased: November (Month) 8 (Day) 1883 (Year)

8. AGE: Years 65 ~~66~~ Months 9 Days 19 If less than one day — hr. — min.

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

10. Usual occupation: Owner

11. Industry or business: Alpine Ice Cream Co.

12. Name: Unknown Hallak

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

14. Maiden name: Unknown

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

16. (a) Informant: Mrs. Eunice Williams
(b) Address: 2615 East 12th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: August-30-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Mary's Cemetery

18. (a) Signature of funeral director: D.W. Newcomb's Sons
(b) Address: 1401 Brush Creek Blvd

19. (a) 8-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th year 1948 hour — minute — A.M.

21. I hereby certify that I attended the deceased from August 12, 1948, to August 26, 1948, that I last saw him alive on August 26, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Hypertension Coronary disease	2 years
Due to: Chronic Myocarditis	6 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Owen Krueger M.D. (M. D. or other)
Address: 304 E. 12 St. Date signed: 8/27/48

(Licensed Embalmer's Statement on Reverse Side)

220 Argyle Blvd.
11-12-13

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 Edward M. Storey

Licensed Embalmer No. 4452

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.

State of Missouri
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 263384
Local Registrar's No. 3598-48

On this 11th day of January, 1949, before me appears Eugenia M. Williams, who, upon Rev oath, states that the original record of ~~birth~~ death for Tofick Louis Hallak, ~~died~~ born August 27, 1948, ~~19~~, in the State of Missouri, and which was filed at Kansas City, Mo on 8-28-, 1948, should be corrected as follows:

Item No. 7 should read November 8, 1882
Instead of November 8, 1881

Item No. 8 should read 65 years, 9 mos. 19 days
Instead of 66 years, 9 mos. 19 days

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Eugenia M. Williams, Daughter
Relationship.

1027 6. 9th - Rowland Apt Hotel
Present Address.

Subscribed and sworn to before me this 11th day of January, 1949.

My Commission expires April 21, 1952 Cornelia Murphy Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
1 X37817

1948
S-26338