

SEP 6 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28377
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100
 (c) City K.C. Mo. (d) Street No. 435 W. 15th. St. Registered No. 3379
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Isariotis

(a) Residence, No. 435 W. 15th. St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Greek 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Isariotis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 6 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Greece

FATHER 13. NAME John Isariotis

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Greece

MOTHER 15. MAIDEN NAME Katherine Karagorge

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Greece

17. INFORMANT Mary Isariotis (ADDRESS) 435 W. 15th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 8-28 1939

19. FUNERAL DIRECTOR (NAME) Peter B. Lapetina (ADDRESS) K.C. Mo.

20. FILED 928 39 m. m. Brome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1939, to Aug 26, 1939
 I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma - Stomach Date of onset 7/10

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify (Signed) H. C. Tappin, M. D.
 (Address) 710 Prof. Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH

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 W.P. Joney

Licensed Embalmer No. 3441

P. O. Address 538 Campbell, K.C.

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, above space should be left blank.