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

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 K.C. Gen. Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days  
(Specify whether years, months or days)

In this community 30 yrs.  
years, months or days

3. (a) PRINT FULL NAME James Christules

3. (b) If veteran, name war No

3. (c) Social Security No. Unk. ?

4. Sex Male

5. Color of race White

6. (e) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Unk  
(Month) (Day) (Year)

8. AGE: Years About 68 Months -- Days --  
If less than one day hr. min.

9. Birthplace Greece  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Vegetable Market

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Stevens Sakonlas

(b) Address 3312 Btoadway

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 3 3 41  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's  
J.F. O'Donnell

18. (a) Signature of funeral director J.F. O'Donnell

(b) Address City

19. (a) 3/3/41  
(Date received local registrar)

(b) M. M. Crowe  
(Registrar's signature)

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. 920 Wyandotte  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st  
year 1941 hour 2 minute 05 A.M. M.

21. I hereby certify that I attended the deceased from 2-21-41 to 3-1-41  
that I last saw him alive on 3-1-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Healed pneumonia with left thoracic empyema; Old chronic myocardial infarct and left ventricular hypertrophy

Duration \_\_\_\_\_

Due to 490

Other conditions Lobar Pneumonia in Oct  
(Include pregnancy within 3 months of death)

Major findings: 94  
Of operations \_\_\_\_\_

Of autopsy See above

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 Car

23. Signature Bruce R. Thom (M. D. or other) \_\_\_\_\_  
Address Med. Dir. K.C. Gen. Hospital Date signed \_\_\_\_\_

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**