

Registration District No. 391

Primary Registration District No. 58462

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Arcadia, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Hiway #21; 1 mile North of Hogan Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 36 years
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Highway #21; 1 mile North of Hogan Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day second
year 1941 hour 6:30 minute — M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....

that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death shot with shot gun Duration.....

Due to.....

Due to.....

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

Major findings:
Of operations.....

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) Homicide

(b) Date of occurrence Nov 2 1941

(c) Where did injury occur? from auto

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home on farm

While at work? no (Specify type of place)

(e) Means of injury shot gun

23. Signature [Signature]

Address [Address] Date signed 4 1941

3. (a) PRINT FULL NAME Dean Michlon

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) 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..... (Month) (Day) (Year)

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

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

10. Usual occupation merchant & farmer

11. Industry or business.....

12. Name Michael Michalacopoulos

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

14. Maiden name Melto Chrysandos

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

16. (a) Informant Christ Michan

(b) Address Hogan Mo.

17. (a) Burial (b) Date thereof 11/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Iron ton Mo.

19. (a) Nov 4 41 (b) Julia A. Dunton
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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..... *Russell J. White*

Licensed Embalmer No. *2012*

P. O. Address *Trenton, Ill.*

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.