

No. 2  
-1-4-41  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41074  
State File No. \_\_\_\_\_  
Registrar's No. 4754

Registration District No. 2-399  
Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lakeside Hospital  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 19 days  
(Specify whether  
In this community about 20 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City 048  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1221 Agnes St  
(If rural, give location)  
(e) Citizen of foreign country? Turkey (Yes or No)  
If yes, name country Turkey

3. (a) PRINT FULL NAME George Theros  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 19<sup>th</sup>  
year 1941 hour 10 minute 21 M.  
21. I hereby certify that I attended the deceased from November 30<sup>th</sup> 1941 to Dec 19 1941;  
that I last saw him alive on 10:20 pm Dec 19 1941;  
and that death occurred on the date and hour stated above.

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. Date unknown 1885  
(Month) (Day) (Year)

Immediate cause of death. Pulmonary edema  
Due to Left ventricular failure  
Coronary sclerosis  
Due to Branchial asthma  
Other conditions (Include pregnancy within 3 months of death) None

8. AGE: Years 52 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Turkey  
(City, town, or county) (State or foreign country)  
10. Usual occupation Lunch Wagon Vendor  
11. Industry or business self  
12. Name Unknown  
13. Birthplace Unknown? Turkey?  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
16. (a) Informant Jimmie Raines  
(b) Address 1323 Illinois  
17. (a) Burial (b) Date thereof Dec 22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Int St Mary Cem  
18. (a) Signature of funeral director G. P. Doehler  
(b) Address 1415 E 2<sup>nd</sup>  
19. (a) 12/21/41 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature Dr. Geo V Rhodes (M. D. or other) \_\_\_\_\_  
Address 301 P Harrison St Date signed Dec 29, 1941

(Licensed Embalmer's Statement on Reverse Side)

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

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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

*John A. Mused*

Licensed Embalmer No.

*2646*

P. O. Address

*1415 E. 15*

**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.**