

FILED FEB 11 1942

Registration District No. 3192

Primary Registration District No. 1002

Registrar's No. 291

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

I. 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. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 days
(Specify whether
 In this community 8 months
years, months or days)

3. (a) PRINT FULL NAME Elleas Aggelos Rondoginens

3. (b) If veteran, name war World War 3. (c) Social Security No. 497-07-5475

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Rondoginens 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased July 21 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>6</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation cook

11. Industry or business _____

12. Name Angelo Rondoginens
 13. Birthplace Greece
(City, town, or county) (State or foreign country)
 14. Maiden name No Record
 15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Rondoginens
 (b) Address 4212 East 12 St.

17. (a) Removal (b) Date thereof Jan 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wadsworth Kansas

18. (a) Signature of funeral director Mrs. C.L. Forster
 (b) Address 918 Brooklyn Kansas City Mo
 19. (a) 1-22-42 (b) M. M. Brown
(Date received local registrar) (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. 4212 East 12th St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21st
 year 1942 hour 3 minute 05 P. M.

21. I hereby certify that I attended the deceased from 1-9-42, 19____, to 1-21-42, 19____;
 that I last saw him alive on 1-21-42, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumophrosis with surgical shock;
Coronary sclerosis; myocardial Fibrosis

Due to _____
 Due to B3a

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

Major operations Left hep hroctomy
1-21-1942
 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) (Means of injury)
 23. Signature Henry R. Thome (M. D. or other) _____
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

FEB 10 1942

FEB 9 5 1945

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Denzil C. Browning
Licensed Embalmer No. 2724
P. O. Address H. P. 2nd

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.