

FILED JUN 13 1942

Registration District No. 478

Primary Registration District No. 4267

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wallace Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day + night
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County 999
(c) City or town Corpus Christi 47
(If outside city or town limits, write "RURAL") 0
(d) Street No. 617 1/2 Mesquite
(If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME GUS PAPPAS

3. (b) If veteran, name war. 3. (c) Social Security No. 453-03-1380

4. Sex male 5. Color or race white 5. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethel Marie Pappas 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased May 21 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 11 If less than one day
hr. min.

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

10. Usual occupation Cook

11. Industry or business

12. Name James Pappas

13. Birthplace Greece 8
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Ethel Marie Pappas

(b) Address Corpus Christi Texas

17. (a) Removal (b) Date thereof June 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corpus Christi

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) 6-3-42 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1942 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 1
1942 to June 2 1942
that I last saw h. in alive on June 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Bronchial Pneumonia 2 days
Pisho Syndrome 30 days

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations
Of autopsy

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?

23. Signature Wentley L. L. L. L. (M. D. or other) 200
Address Lebanon Date signed 6/3/42

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

53
1
2

JUL 6 - 1942
RECEIVED

District Health Officer No.
District File Number 6-42-92
Date Filed 6-10-42

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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, Mo

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.