

S. No. 2  
DM-542  
v. 5-17-39  
X32873

23554

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 19 1942

Registration District No. 799

Primary Registration District No. 1002

Registrar's No. 3081

48  
3081

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. General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community 30 Yrs.

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. 2227 Troost Avenue  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No  
If yes, name country

3. (a) PRINT FULL NAME Mike Pokernotes

3. (b) If veteran, name war No.

3. (c) Social Security No. 510-07-6191

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th  
year 1942 hour 9 minute 20 P. M.

4. Sex Male

5. Color or race Greek

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

6. (b) Name of husband or wife

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

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

21. I hereby certify that I attended the deceased from 8-2-42 19... to 8-12-42 19...  
that I last saw him alive on 8-12-42 19...  
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months Days If less than one day hr. min.

Immediate cause of death Cerebral Embolism; Coronary Occlusion

Duration

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

10. Usual occupation Baker Midwest baking Co

Due to 94a

Due to

11. Industry or business

MOTHER FATHER { 12. Name James Pokernotes

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)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Geo. Kallas (Nephew)

(b) Address 3000 Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15-42 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

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?

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C. Mo.

19. (a) 8-15-42 (Date received local registrar) (b) m h brown (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury

23. Signature Andy R. Shaw (M. D. or other) Med. Director K.C. General Hospital  
Address Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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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.....

*Chas. Wilks*

*2644*

*1800 Linwood*

**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.**