

FILED DEC 8 1942

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 90

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

24
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1. PLACE OF DEATH:

(a) County Clay

(b) City or town No. Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural - / R. F. D. #8
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether years, months or days) 5 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town North Kansas City,
(If outside city or town limits, write "RURAL")
R. F. D. #8,

(d) Street No. R. F. D. #8,
(If rural, give location)

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

3. (a) PRINT FULL NAME George Geromitissos Jamison,

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd
year 1942 hour 8:30 minute P. M.

3. (b) If veteran, name war No. 3. (c) Social Security No. 487-10-7979

21. I hereby certify that I attended the deceased from 00306-26
19 12 to 015-2- 19 42
that I last saw him alive on 01506-2- 19 42
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 Married

6. (b) Name of husband or wife Anna Jamison 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April 1 1885
(Month) (Day) (Year)

Immediate cause of death:
Angina pectoris with
obstruction of the
posterior coronary
74 R

Duration 

8. AGE: Years 57 Months 7 Days 1 If less than one day 6 hr. min.

Other conditions None
(Include pregnancy within 6 months of death)

9. Birthplace Greece, (City, town, or county) (State or foreign country) 6

Major findings: John S. Sofer M.D. PHYSICIAN

10. Usual occupation Coffee Merchant,

Of operations —

Of autopsy —

Underline the cause to which death should be charged statistically.

11. Industry or business X

12. Name Peter Geromitissos,

13. Birthplace Greece, (City, town, or county) (State or foreign country) 6

14. Maiden name Unknown,

15. Birthplace Unknown, (City, town, or county) (State or foreign country) 7

16. (a) Informant Mrs. Anna Jamison,

(b) Address R. #8, North Kansas City, Mo.

17. (a) Burial (b) Date thereof 11-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) Nov 3-1942 (b) Arch W. Henry
(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? —

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

23. Signature John S. Sofer (M.D. or other)

Address Gayety Theat. Bldg. Date signed 11-3-42

RECEIVED

Health Officer No. 8,

District File Number _____

Date Filed 12-7-42

Dr. John Soter, Gayety Bldg.,

124 W. Gayety St

3081100

MAR 17 1943

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.