

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1979

State File No. ....

Registrar's No. 210

FILED FEB 4 1979  
Registration District No. 1943/

Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Facility 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 mos. 29 days  
In this community 2 mos. 29 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 9  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 517 Kansas Ave.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME George Pothetes

3. (b) If veteran, name war World War I  
3. (c) Social Security No. Yes, not remembered

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Pothetes  
6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased April 25, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 8 21 hr. min.

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

10. Usual occupation Car Repairer

11. Industry or business Railroad

MOTHER FATHER  
12. Name Father, Steve Pothetes  
13. Birthplace Greece 6  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary  
15. Birthplace Greece 6  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.  
(b) Address

17. (a) Removal (b) Date thereof 1-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Kansas City, Kansas

18. (a) Signature of funeral director Claude Prichard  
Claude Prichard, Undertaker

(b) Address Excelsior Springs, Mo.

19. (a) 1-16-43 (b) Mr. Sade Redman  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15  
remembered 1943 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from October 17 19 42 to January 15 19 43  
that I last saw him alive on January 15 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma, right lung, with metastases to the brain, adrenals and liver  
Duration unknown

Due to adrenals and liver

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As shown 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) (M. D. or other)

23. Signature Forrest C. Bell (M. D. or other)  
Address Veterans Administration Date signed 1-16-43

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

1105

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-3-43

FEB 24 1943

APR 3 1947

FEB 19 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

*Robert Ray*

Licensed Embalmer No.

4182

P. O. Address

Excelsior Spgs, 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.