

S. No. 2
 DM-2-43
 5-17-39
 X35897

13432

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 5 1943
 Registration District No. 249

Primary Registration District No. 1002

Registrar's No. 1864

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:
General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Night
(Specify whether
 In this community Since 1915
years, months or days)

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. 3527 Michigan
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Dr. John S. Soter, (Soteropoulos)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 18th
 year 1943 hour 5:55 minute A. M.

3. (b) If veteran, name war No. 3. (c) Social Security No. no.

21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him _____, 19____;
 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 Mary Soter 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased May 21st 1884
(Month) (Day) (Year)

Immediate cause of death Acute coronary occlusion
 Due to _____
 Due to 94.
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy See Above

8. AGE: Years Months Days If less than one day
58 10 27 hr. min.

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

10. Usual occupation Physician

11. Industry or business X

12. Name Unknown,
 13. Birthplace Unknown, 9
(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 Mrs. Mary Soter,
 (b) Address 3527 Michigan, Kansas City, Mo.

17. (a) Burial (b) Date thereof 4-20-43
(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, K. C., Mo.

19. (a) 4-19-43 (b) M. M. Crown
(Date received local certificate) (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)
 (e) Means of injury _____
 23. Signature A. E. Usher (M. D. or other) M. D.
23-14 McClure Date signed 4/18/43

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

MOTHER FATHER

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

361

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.....

J. Blair Shepard
4179

Licensed Embalmer No.....

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.