

OCT 7 1943 47
Registration District No. _____

Primary Registration District No. 3008

14
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2

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location) 122

(d) Length of stay: In hospital or institution 3 m (Specify whether years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clark

(c) City or town Kathron (If outside city or town limits, write "RURAL") 2

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Nick A. Katsaros

3. (b) If veteran, name war DK.

3. (c) Social Security No. DK.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1943 hour 3-30 minute a M.

21. I hereby certify that I attended the deceased from 9/11, 1943, to 9/4, 1943
that I last saw him alive on 9/31, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Katsaros 6. (c) Age of husband or wife if alive DK years

7. Birth date of deceased Jan 13 1893
(Month) (Day) (Year)

Due to Myocarditis

Due to Coronary

Other conditions (Include pregnancy within 3 months of death) 309

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

50 7 21 _____ hr. _____ min.

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

10. Usual occupation Waiter Restaurant

11. Industry or business _____

12. Name Tom Katsaros

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

14. Maiden name Vangelis

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

16. (a) Informant Record

(b) Address _____

17. (a) Burial (b) Date thereof Sept 10-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Orange

18. (a) Signature of funeral director G. B. Thomas

(b) Address 302 Market St Fulton Mo

19. (a) Sept 10-43 (b) Jose Moravichoff
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature George J. Thomas (M. D. or other) MA

Address Fulton Mo Date signed 9/15/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

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.