

FILED DEC 22 1943
Registration District No. 199

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson Co
 (b) City or town Jackson City Mo
 (c) Name of hospital or institution: Central Hotel
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Ten years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. K.E. (b) County Jackson
 (c) City or town Central Hotel
 (If outside city or town limits, write "RURAL")
 (d) Street No. 12th & Central (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George Stamatopoulos
 3. (b) If veteran, name war No
 3. (c) Social Security No. no #

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3 1943
 year _____ hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19____
Deputy Coroner
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____
Arteriosclerotic heart
 Due to Disease
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) of 3d

8. AGE: Years 66 Months 6 Days 22
 If less than one day _____ hr. _____ min.
 9. Birthplace Greece (City, town, or county) (State or foreign country)
 10. Usual occupation Fabric

Major findings: Of operations _____
 Of autopsy Inspection & history
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 12. Name Valeka Messinhs
 13. Birthplace Greece (City, town, or county) (State or foreign country)
 14. Maiden name Kalykoy Sheropoulos
 15. Birthplace Greece (City, town, or county) (State or foreign country)

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 Dr. E. A. Usher (M: D. or Other) _____
 Address 22 Mc Col Date _____

16. (a) Informant Thomas Stamm
 (b) Address Lansuce Kans
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-43 (Month) (Day) (Year)
 (c) Place: burial or cremation Lansuce Kans
 18. (a) Signature of funeral director H. J. Regeman & Son
 (b) Address K.C. Mo
 19. (a) 12-6-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

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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.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Signed.....
J. H. Reginnan

Licensed Embalmer No. *2744*

P. O. Address *K.P. Inc.*

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.