

FILED MAY 11 1944
189

Registration District No.

Primary Registration District No. 1602

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

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:
K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 5 days
(Specify whether
 In this community 1 year
years, months or days)

3. (a) PRINT FULL NAME Anthony Panagoplos
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex Male 5. Color White (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Panagala Panagoplos 6. (c) Age of husband or wife if alive 2 years
 7. Birth date of deceased: (Month) 1 (Day) 18 (Year) 1944

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

9. Birthplace: Quebec (City, town, County) _____ (State or foreign country) _____

10. Usual occupation Self

11. Industry or business _____

12. Name George Panagoplos

13. Birthplace Quebec (City, town, County) _____ (State or foreign country) _____

14. Maiden name Georgine

15. Birthplace Quebec (City, town, County) _____ (State or foreign country) _____

16. (a) Informant Laine a Panagoplos
 (b) Address 4612 A Troost

17. (a) Removal (b) Date thereof 5-3-44
(Month) (Day) (Year)
 (c) Place: burial or cremation St. Joseph's

18. (c) Signature of funeral director Thos E. Brown
 (b) Address N. C. Mo
 19. (a) 5-3-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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. 4612 A Troost
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
 year 1944 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 27, 1944, to May 2, 1944
 that I last saw him alive on May 2, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy NONE

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? _____

23. Signature A. E. Usher M.D. (M. D. or other) _____
 Address Med. Dir. Gen'l Hosp. Date signed 5-3-44

48
3
8

468

Duration _____
 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.....

Thomas E. Jank

Licensed Embalmer No. 3775

P. O. Address..... *R. C. Md*

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.