

S. No. 2
M-3-43
5-17-39
K37623

40300

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **5165**

FILED JAN 4 1945/9
Registration District No. _____

Primary Registration District No. **1002**

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 days**
(Specify whether years, months or days) **40 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **49**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **3**
(d) Street No. **4224 Harrison**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mason Panagos**
(b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **16**
year **1944** hour **12** minute **45** P. M.

4. Sex **Fe** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **George Panagos**
6. (c) Age of husband or wife if alive **Deceased**
7. Birth date of deceased: **November 30 1891**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10/3/32**
19____ to **12/16/44** 19____
that I last saw her alive on **12/16/44** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Pancreatitis** Duration **2 dx**

8. AGE: Years **53** Months **0** Days **16**
If less than one day hr. _____ min. _____

Due to _____ **601**
Due to _____

9. Birthplace **Jasper County Missouri**
(City, town, or county) (State or foreign country)

Other conditions: **diabetes mellitus**
(Include pregnancy within 3 months of death)

10. Usual occupation **At Home**

Major findings: **Multiple adhesions of stomach wall bladder & intestines duodenitis ac pancreatitis**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death could be charged statistically.

11. Industry or business _____

12. Name **Jesse P Mason**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Henry**

15. Birthplace **Polk County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Earl Walter Mason**

(b) Address **1407 East 10th St**

17. (a) **Burial** (b) Date thereof **12-19-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **J. W. Wagner**

(b) Address **Kansas City Mo.**

19. (a) **12-19-44** (b) **N. E. Brown**
(Date received local registrar) (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) Manner of injury _____

23. Signature **J. W. Wagner** (M. D. _____)
Address **1032 1/2 E. 10th St** Date signed **12/18/44**

5532 Permit

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 Alvin R. Hurnschel

Licensed Embalmer No. 4159

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.