

FILED MAR 29 1945
Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **1177**

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jac
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
703 E 12 St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 70 yrs. (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 703 E 12 St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Kostas Lekas

3. (b) If veteran, name war no

3. (c) Social Security No. 186-09-1370

20. DATE OF DEATH: Month 3 day 9 year 1945 hour 6:00 minute P M.

I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw deceased 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 S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: unknown
(Month) (Day) (Year)

Immediate cause of death Broncho-pneumonia Duration _____

8. AGE:	Years	Months	Days	If less than one day
<u>60</u>				hr. _____ min. _____

Due to Influenza

Due to _____

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

Other conditions 335
(Include pregnancy within 3 months of death)

10. Usual occupation Sub washer

Major findings:
Of operations _____

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

Of autopsy No History + Dissection

Underline the cause to which death should be charged statistically.

16. (a) Informant Jackson County Coroner

(b) Address 119 No 7 St

17. (a) Burial (b) Date thereof 3-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

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? _____

18. (a) Signature of funeral director H. E. Brown

(b) Address 119 No 7 St

19. (a) 3-13-45 (b) _____ (Registrar's signature)
(Date received local registrar)

(Specify type of place) _____ While at work? (e) Means of injury Blow

23. Signature Jimmie Walker (M. D. or other) _____
Address 1424 poplar ply Date signed 3-13-45

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

MOTHER FATHER

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. S. Walton*.....

Licensed Embalmer No. *2744*.....

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.