

FILED MAY 6 1946

Registration District No. **149** Primary Registration District No. **1502**

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:
Osteopathic Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
(Specify whether years, months or days)
In this community **30 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson 48**
(c) City or town **Kansas City 2**
(If outside city or town limits, write "RURAL")
(d) Street No. **5647 Paseo 8**
(If rural, give location)
(e) Citizen of foreign country? **unknown 0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Andrew G. Koliass**
(b) If veteran, name war **no** **(c) Social Security No.** **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **21st** day **April**
year **1946** hour **3:35** minute **P** M.
21. I hereby certify that I attended the deceased from **Jan 8**
1946 to **April 21** 19**46**
that I last saw him alive on **April 21** 19**46**
and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lorene** **6. (c) Age of husband or wife if alive** **42** years
7. Birth date of deceased **April 15 1896**
(Month) (Day) (Year)

Immediate cause of death **Decompensating Heart**
Due to **Mitral regurgitation** **3 yrs**
Due to **unknown** **8 yrs**
Duration

8. AGE: Years Months Days If less than one day
50 0 6 hr. min.

Other conditions (Include pregnancy within 3 months of death)
Due to **unknown**
Major findings:
Of operations **92**
Of autopsy _____

9. Birthplace **Greece** (City, town, or county) (State or foreign country)
10. Usual occupation **Retired-Restaurant Owner**

11. Industry or business _____
12. (a) Name **George Koliass**
(b) Birthplace **Greece** (City, town, or county) (State or foreign country)
(c) Maiden name **Anna** (City, town, or county) (State or foreign country)
(d) Birthplace **Greece** (City, town, or county) (State or foreign country)

13. Informant **Mrs. Lorene Koliass** (Name)
Mrs. Lorene Koliass (Relationship)
(a) Address **5647 Paseo**
(b) Date thereof **4/24/46** (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Moriah Cemetery**

14. (a) Signature of funeral director **Durbin & Son Co.**
(b) Address **20 West Linwood**
15. (a) 4-23-46 (Date received local registrar)
(b) Meraldine Holmes (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) Means of injury _____

16. (a) Signature **J.H. Schorn** (M. D. or other) **80**
(b) Address **243 Werty Bldg** **(c) Date signed** **4-23-46**

17. (a) Signature **J.H. Schorn** (M. D. or other) **80**
(b) Address **243 Werty Bldg** **(c) Date signed** **4-23-46**

MOTHER
FATHER
SISTER
BROTHER
BY AUNT
BY UNCLE
BY NEPHEW
BY NIECE
BY OTHER

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.....

Howard W. Farmer

Licensed Embalmer No.

4134

P. O. Address.....

Kansas City 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson SS.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1890

On this 2nd day of May, 1946, before me appears Loreon Kelias, who, upon her oath, states that the original record of ^{birth} death for Andrew G. Kelias, died 4-21-, 1946 in the State of Missouri, and which was filed at K.C. Mo. on 4-23, 1946, should be corrected as follows:

Item No. 3 should read Andrew G. Kelias

Instead of Andrew J. Kelias

Item No. 6 b should read Loreon Kelias

Instead of Loreane Kelias

Item No. 16 a should read Mrs Loreon Kelias

Instead of Mrs. Loreane Kelias

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Loreon Kelias Relationship wife

5647 Paces K.C. Mo.
Present Address.

Subscribed and sworn to before me this 2nd day of May, 1946

My Commission expires Oct 20, 1947 Barrie M. Ruppelino Notary Public.

13219