

No. 2  
12-45  
5-17-39  
1 X47070

**FILED APR 14 1947**  
Registration District No. **779**

Primary Registration District No. **1002**

Registrar's No. **1482**

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

**3. (a) PRINT FULL NAME** George Bay BELESIOTIS  
**3. (b) If veteran,** name war None  
**3. (c) Social Security** No. Unknown

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

**8. AGE:** Years 70 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
Approx. 70 hr. \_\_\_\_\_ min.

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

**10. Usual occupation** Cook & Dishwasher

**11. Industry or business** Cook & Dishwasher

MOTHER FATHER

**12. Name** Unknown

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

**14. Maiden name** Unknown

**15. Birthplace** Unknown (City, town, or county) Greece (State or foreign country)

**16. (a) Informant** General Hospital Records  
**(b) Address** Kansas City, Mo. 0

**17. (a)** Buried (Burial, cremation, or removal) **(b) Date thereof** 4/1/47 (Month) (Day) (Year)  
**(c) Place: burial or cremation.** Calvary Cemetery

**18. (a) Signature of funeral director** W. S. McGilley-Elyar  
**(b) Address** W. S. McGilley-Elyar

**19. (a)** 3-31-47 (Date received local registrar) **(b)** W. S. McGilley-Elyar (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. 523 Grand (If rural, give location)  
(e) Citizen of foreign country? Unknown (Yes or No)  
If yes, name country Greece

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March day 29  
year 1947 hour 1 minute P. M.

**21. I hereby certify that I attended the deceased from** March 24, 1947, to March 29, 1947;  
that I last saw him alive on March 29, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition-Tuberculosis of lung

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 128  
(Include pregnancy within 3 months of death)

**Major findings:** Of operations \_\_\_\_\_  
Of autopsy None  
**PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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) (c) Means of injury \_\_\_\_\_

**23. Signature** W. S. McGilley-Elyar (M.D. or other) W. S. McGilley-Elyar  
**Address** Med. Dir. Gen'l Hosp. Date signed 3-31-47

*Dr King*

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**