No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27560

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3634

WRITE PLAINLY—USING 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. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 105 East 5th Street 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME James S. AGRAPIDES

3. (b) If veteran, name war no

3. (c) Social Security No. 495-05-3536

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 6, (Day) 1891 (Year)

8. AGE: Years 55 Months 8 Days 19 If less than one day br. min.

9. Birthplace Unknown (City, town, or county) Greece 1x (State or foreign country)

10. Usual occupation Bar Tender

11. Industry or business 500 Main Tavern

FATHER
12. Name Stanley Agrapides
13. Birthplace ---- (City, town, or county) Greece 6 (State or foreign country)

MOTHER
14. Maiden name Evelyn Resbthas
15. Birthplace ---- (City, town, or county) Greece 6 (State or foreign country)

16. (a) Informant Mrs. Mary Isariotis
(b) Address 504 W. 16th St., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 8-25-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1947 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from 8/16/47, 19, to 8/24, 1947;
that I last saw him alive on 8/24, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ischemic Peritonitis	7 days ~~24 hrs~~
Due to: Ruptured appendix	24 hrs
Due to: —	
Other conditions (Include pregnancy within 3 months of death) 12	
Major findings: Of operations: Ruptured appendix	
Of autopsy	

PHYSICIAN

Underline the cause of 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? — (Specify type of place)

While at work? — (e) Means of injury 0

23. Signature James B. Gray (M. D. or other)

Address 814 Porter Bldg Date signed 8/25/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Russell N France

Licensed Embalmer No. 4255

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.