

FILED APR 17 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12671

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1404

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 23 days  
(Specify whether  
In this community 19 years  
years, months or days)

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. 921 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 Sam Theodore Kallas

3. (b) If veteran, name war none 3. (c) Social Security No. 486-03-1222

4. Sex Male 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 August 22 1882  
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Cook

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown 9  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Father John Bitas

(b) Address Linwood & Flora, K.C., Mo.

17. (a) Burial (b) Date thereof 3-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 3-31-48 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1948 hour 5 minute 40 A.M.

21. I hereby certify that I attended the deceased from March 4, 1948, to March 27, 1948, that I last saw him alive on March 27, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis-  
Cardiac decompensation

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

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

Other conditions (Include pregnancy within 8 months of death) \_\_\_\_\_

Major findings: Of operations 131  
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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Wm W. Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp. Date signed 3-27-48

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

*Dr. Jambler*

**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.....

*Max W. Kirkendall*

Registered Apprentice No. *86*

working under my personal supervision.

Signed *Oliver E. Heck*

Licensed Embalmer No. *4063*

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.