

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1272
1872

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 32 years		d. STREET ADDRESS (If rural, give location) 1213 Indiana	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1213 Indiana			

3. NAME OF DECEASED (Type or Print) a. (First) Ethel or (Aggeleco) b. (Middle) Greek c. (Last) Harris			4. DATE OF DEATH (Month) (Day) (Year) 1-13-49		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 5, 1899	9. AGE (in years last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min. 22
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Panopole, Greece		12. CITIZEN OF WHAT COUNTRY? unk

13a. FATHER'S NAME George Panopolas	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Tom Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) xx	16. SOCIAL SECURITY NO. xx	17. INFORMANT'S SIGNATURE OR NAME Tom Harris, 1213 Indiana, K. C. Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) High Blood Pressure		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 321	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 20, 1948**, to **Jan 12, 1949**, that I last saw the deceased alive on **Jan 11, 1949**, and that death occurred at **2:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE Woodrow L. Brummet (Degree or title) Dr.	23b. ADDRESS 3205 E 12th	23c. DATE SIGNED Jan 12-49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-15-49	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 1-15-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Peter B. Lapetina ADDRESS 538 Campbell, K. C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 4273

P. O. Address Ke 710

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.