

MAY 23 1940
Registration District No. 461

Primary Registration District No. 3034

Registrar's No. _____

1. PLACE OF DEATH

(a) County Lafayette

(b) City or town Luxington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: city
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 31 yrs. years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

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

(d) Street No. city
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME GEORGE NIKLLAS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th
year 1940 hour 5 minute 15 P. M.

4. Sex ma 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 Oct. 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from DEC. 1, 1939
April, 1940 to APRIL 24, 1940
that I last saw him alive on April 24, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

apt. 5-6 hr. _____ min.

Immediate cause of death

PULMONARY EDEMA
CONGESTIVE HEART FAILURE

Due to SYPHILIS

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

10. Usual occupation operating Restaurant

11. Industry or business _____

12. Name George Nikllas

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

14. Maiden name Anna Melkas

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

Due to _____

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

Major findings: Of operations _____

Of autopsy none

MOTHER FATHER

16. (a) Informant's own signature John Nikllas

(b) Address Luxington, MO

17. (a) Burial (b) Date thereof April 30-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington, MO

18. (a) Signature of funeral director Whitlock

(b) Address Luxington, MO

19. (a) May 8/40 (b) Delia Bates
(Date received local registrar) (Registrar's signature)

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? 805

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Wm. Allen (M. D. or other)

Address Luxington, MO Date signed 4/25/40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

District File Number
Date Filed 5/10/40

District Health Officer No. 8
STATEMENT BY LICENSED EMBALMER

RECEIVED

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 Geo. J. McKean
Licensed Embalmer No. 2983
P. O. Address Leungton, 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, above space should be left blank.