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7-39
X23159

FILED APR 21 1941

Registration District No. 110 Primary Registration District No. 555313 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson Township Mo.

(c) Name of hospital or institution Jackson County Hospital for the aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 mo
(Specify whether)

In this community Don't know
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson **48**

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

(d) Street No. 4107 Penn St **8**
(If rural, give location)

(e) If foreign born, how long in U. S. A? 30 years.

3. (a) PRINT FULL NAME Peter Takosian

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 17
year 1941 hour 4 minute a.M.

21. I hereby certify that I attended the deceased from 3/1, 1941, to 3/17, 1941;
that I last saw him alive on 3/15
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M, 1

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Jan (Month) 6 (Day) 1886 (Year)

Immediate cause of death encephalitis

Duration _____

Due to _____

Due to _____

8. AGE: Years 46 Months 2 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Furniture Dealer

11. Industry or business _____

MOTHER FATHER

12. Name Charles Takosian

13. Birthplace unknown Asia Minor
(City, town, or county) (State or foreign country)

14. Maiden name Marie Ataman

15. Birthplace unknown Asia Minor
(City, town, or county) (State or foreign country)

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant W. J. McCarthy
(b) Address Little Blue, Mo

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? _____

17. (a) Burial (b) Date thereof 3-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ann's

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director W. J. McCarthy

(b) Address 112 S. 1st St. St. Louis, Mo

19. (a) 3/18/41 (b) W. J. McCarthy
(Date received local registrar) (Registrar's signature)

23. Signature J. H. Green (M. D. probator) _____
Address Independence, Mo Date signed 3/17/41

WRITE PLAINLY—USE 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.....

....., 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.