

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 26 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") 8
 (d) Street No. 105 East 5th St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 1
 If yes, name country _____

3. (a) PRINT FULL NAME Vasilios Stamatopoulos

3. (b) If veteran, name war World War 3. (c) Social Security No. 487-26-5389

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 May 2, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 0 14 _____ hr. _____ min.

9. Birthplace Greece 8
(City, town, or county) (State or foreign country)

10. Usual occupation Waiter

11. Industry or business Restaurant

MOTHER FATHER { 12. Name Stamatis Stamatopoulos

13. Birthplace Lavidion Greece 8
(City, town, or county) (State or foreign country)

14. Maiden name Vasilio ?

15. Birthplace ? Greece 8
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Admin

(b) Address tration, Excelsior Springs, Mo.

17. (a) Removal (b) Date thereof 5-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cremation at Kansas City Mo.

18. (a) Signature of funeral director Claude Prichard 9
(Specify type of place)
CLAUDE PRICHARD, Undertaker While at work? (c) Means of injury ?

(b) Address 5-20-42 23. Signature Forrest G. Bell (M. D. or other) ?

19. (a) 5-20-42 (b) Forrest G. Bell (Registrar's signature) Address Veterans Administration Date signed 5-18-42
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
 year 1942 hour 9:45 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from April 21 19 42 to May 16 19 42
 that I last saw him alive on May 16 19 42
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to Polycystic kidney disease

Due to Adenoma of Prostate

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

Major findings: Of operations _____ 518 PHYSICIAN _____

Of autopsy As shown above 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? _____

(Specify type of place) _____ (c) Means of injury ?

23. Signature Forrest G. Bell (M. D. or other) ?

Address Veterans Administration Date signed 5-18-42

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

24
/

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-9-42

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 _____

Robert Ray

Licensed Embalmer No. 4182

P.O. Address Excelsior Springs, 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.