

FILED NOV 26 1945

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4648

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: 3015 Brighton, Kansas City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 35 years
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") 7
(d) Street No. 3015 Brighton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Theodora GRAVANITI

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Thomas Gravaniti 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased. Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 85 hr. min.

9. Birthplace Unknown Greece 6
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Konomos
(b) Address 3015 Brighton Kansas City Mo.

17. (a) Burial (b) Date thereof 1
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary St. Marys Cemetery

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

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 11-10-45 (b) Therese Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10 th
year 1945 hour 1 minute 00 A.M.
21. I hereby certify that I attended the deceased from 11-20-44
1940 to 11-10 1945

that I last saw alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease
Due to Duration

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93 d
Of autopsy 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 Richard P. Elyar M.D. or other
Address 1420 Gray Blvd Date signed 11-10-45

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

8
3
8

1420

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 *Blair E. Nick*

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.