DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 23597

FILED AUG 5 1946

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3228

**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: 1418 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1418 Jefferson
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Greece

3. (a) PRINT FULL NAME GUS N. FRANZESKOS
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Panayula Franzeskos
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June 1st 1870 (Month) (Day) (Year)
8. AGE: Years 76 Months 1 Days 22/23 If less than one day ..... hr. ..... min.
9. Birthplace Argos Greece (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
12. FATHER Name Nick Franzeskos
13. Birthplace Greece (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Katherine Franzeskos
15. Birthplace Greece (City, town, or county) (State or foreign country)
16. (a) Informant Mike Franzeskos
(b) Address 1418 Jefferson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/46 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem
18. (a) Signature of funeral director Dean O. Agatua
(b) Address KC Mo
19. (a) 7-25-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Cert. Sent to Vital Stat.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 22nd year 1946 hour 6:30 minute a.m.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death Deputy Coroner
Coronary Arteriosclerosis
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) N/A
Major findings:
Of operations .....
Of autopsy History & Inspection

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 A. Ellsner M.D. (M. D. or other)
Address 2800 Main Date signed 7/23/46

(Licensed Embalmer's Statement on Reverse Side)

## 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. 4273

P. O. Address .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

Death

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of Missouri } ss.
County of Jackson

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. 3228

On this 18th day of December, 1946, before me appears Mike Franzeskos, who, upon his oath, states that the original record of ~~birth~~ death for Gus N. Franzeskos, ~~born~~ died 7-23-, 1946, in the State of Missouri, and which was filed at Kansas City, Mo. on 7-25-, 1946, should be corrected as follows:

Item No. 6 b should read Mary Panaula Franzeskos
Instead of Panaula Franzeskos

Item No. ____ should read ____
Instead of ____

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Instead of ____

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Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mike Franzeskos Son
Relationship.

622 W 14 St KC Mo
Present Address.

Subscribed and sworn to before me this 18th day of December, 1946.

My Commission expires Oct. 20, 1947 Laire M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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