S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 41949
Registrar's No. 5410

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas city, mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2800 E 10th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 45 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas city, mo
(If outside city or town limits, write "RURAL")
(d) Street No.: 2800 E 10th Street
(If rural, give location)
(e) Citizen of foreign country? ~~yes~~ no (~~Yes~~ or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Theros Thanos
3. (b) If veteran, name war: no
3. (c) Social Security No.: 702-09-8669
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: unknown (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | | | hr. min. |

9. Birthplace: Greece (City, town, or county) (State or foreign country) Io
10. Usual occupation ____
11. Industry or business: Missouri Pacific R.R.
MOTHER FATHER
12. Name ____
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name ____
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Greek orthodox Church
(b) Address: 1423 E Linwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Mellody McKelley Eyler
(b) Address: K.C. Mo
19. (a) 12-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day December year 1947 hour 5:00 minute P. M.
21. I hereby certify that I attended the deceased from 12/15/47, 19..., to 12/19/47, 19..., that I last saw him alive on Dec. 19th 1947, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: acute coronary thrombosis | — |
| Due to: Hypertension and | — |
| Due to: Coronary sclerosis | — |
| Other conditions (include pregnancy within 3 months of death) | |
| Major findings: Of operations — | |
| Of autopsy none | |

PHYSICIAN
Underline the cause of 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)
While at work? ____ (e) Means of injury ____
23. Signature: L. E. Keller M.D. (M.D. or other)
Address: 730 Prof. Bldg. K.C. Mo. Date signed 12/22/47.

Jefferson City Printing Co. (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 Russell N. Hance

Licensed Embalmer No. 4255

P. O. Address K. C. 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.**