

No. 2  
1-5-43  
5-17-39  
X36671

State File No. \_\_\_\_\_

FILED FEB 3 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 328

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: Vineyard Park Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 weeks (Specify whether  
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson #4  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 503 East 14th Street 6  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

William SAFFAS

3. (b) If veteran, name war no

3. (c) Social Security No. none

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)

1886  
(Month) (Day) (Year)

8. AGE:

Years 61

Months ---

Days ---

If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace

Unknown  
(City, town, or county)

Greece 6  
(State or foreign country)

10. Usual occupation

Owner

11. Industry or business

Confectionery Store

MOTHER FATHER { 12. Name

Andrew Saffas 6

13. Birthplace

Unknown  
(City, town, or county)

Greece 6  
(State or foreign country)

14. Maiden name

Panagoula Tsouloufas 1

15. Birthplace

Unknown  
(City, town, or county)

Greece 6  
(State or foreign country)

16. (a) Informant

Mr. Tony Saffas

(b) Address

Vallejo, California

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

1-24-48  
(Month) (Day) (Year)

(c) Place: burial or cremation

Calvary Cemetery

18. (a) Signature of funeral director

Melody-McGilley-Eylar

(b) Address

Kansas City, Missouri

19. (a) 1-23-48

(Date received local registrar)

(b) Steraldine Holmes

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21  
year 1948 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from

Dec 15 1947 to Jan 21 1948  
that I last saw him alive on Jan 21 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration \_\_\_\_\_

Due to Sanitary

Due to \_\_\_\_\_

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.

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 [Signature] (M.D. or other) \_\_\_\_\_  
Address 5937 Main Date signed Jan 23

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

3937 Williams  
Va. 4113  
Springfield 2. 222.

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.....

*Max W. Kirkendall*....., Registered Apprentice No. *86*  
working under my personal supervision.

Signed *Russell W. France*.....

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.