WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21561
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Washington Primary Registration District No. 1001 Registered No. 596
(c) City St. Joseph, (d) Street No. Missouri Methodist Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George W. Thomas,
(a) Residence, No. 919 South 10th. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Victoria Thomas,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 3rd, 1866
7. AGE: YEARS 73 MONTHS 0 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bricklayer,
9. Industry or business in which work was done, as saw mill, bank, etc. Contractor,
10. Date deceased last worked at this occupation (month and year) Unknown,
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Missouri, 0

FATHER
13. NAME: Unknown, 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown, 9

MOTHER
15. MAIDEN NAME: Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): Hanley Thomas Atlanta, Ga. 1580 Beecher St., S.W.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE June 15th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Seaton-Bergold & Bauman 319 So. 10th. Str. Funeral Home
20. FILED June 15, 1939 H. J. Nesttebush Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10th, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 10th 1939 to ....., 19.... Viewed
I last saw ########## ....., 19.... Death is said to have occurred on the date stated above, at 11:55 a.m.
The principal cause of death and related causes of importance were as follows:
Injuries received when struck by an Auto as a pedestrian
Date of onset
Other contributory causes of importance: none
Name of operation — Date of —
What test confirmed diagnosis? History Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/9, 1939
Where did injury occur? St Joseph, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Struck by Auto
Nature of injury Abdominal injuries
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg St Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1954

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, June 10, 193

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3067

P. O. Address 319 S. 10 @ 4 Joseph

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, above space should be left blank.