

FILED APR 12 1940  
85

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
810 S. 17th Street,  
(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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Tony J. Thomas 520

3. (b) If veteran, name war None 3. (c) Social Security No. 495-01-6732

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

6. (b) Name of husband or wife Anna Thomas 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased September 4, 1881  
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 25 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Cleveland Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Swift & Co.

MOTHER FATHER { 12. Name Marion Thomas  
13. Birthplace Unknown Poland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Cielinski  
15. Birthplace Unknown Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Thomas  
(b) Address 810 S. 17th Str. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Apr. 1, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Anna M. ...  
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 4/1/40 (b) A. J. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits write "RURAL")  
(d) Street No. 810 S. 17th Street.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th  
year 1940 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec 29  
1939 until March 29 1940  
that I last saw him at his home and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis no Fat  
Duration \_\_\_\_\_

Due to no Fat  
Last seen I attended Dec 29  
was February 12 1940  
Inf. change acute

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ 94 B -  
Of autopsy \_\_\_\_\_  
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?  
85  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Dr. J. ... (M.D. or other) \_\_\_\_\_  
Address 109 1/2 N. 8 St. Joseph, Mo. Date signed 3/30/40

**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..... *Albert E. Harrington* .....

Licensed Embalmer No..... 3259 .....

P. O. Address..... St., Joseph, 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, above space should be left blank.**