. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

SEP 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27971

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 869

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

1. PLACE OF DEATH:
(a) County Bucanan
(b) City or town St. Joseph Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Joseph hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St Joseph (If outside city or town limits write "RURAL")
(d) Street No. 1606 Messanie (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME John Q. Thomas Sr. 520

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Maria Thomas

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar. (Month) 12 (Day) 1868 (Year)

8. AGE: Years 72 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name J. Joseph Thomas
13. Birthplace Not known (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant John Thomas Jr.
(b) Address 1606 Messanie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-1940. (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Rumsey & Son
(b) Address 1602 Messanie

19. (a) 8/9/40 (Date received local registrar) (b) R. J. Hostlebrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7 year 1940 hour 1:10 a.m. minute 1:10 a.m.

21. I hereby certify that I attended the deceased from 8-7 1940, to 8/7 1940, that I last saw him alive on 8/7 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Uremia
Due to Chronic nephritis
Due to Senility
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm Redmond M.D. (M. D. or other)
Address Kirkpatrick Bldg. Date signed 8/9/40

(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: A. F. Ramsey

Licensed Embalmer No. [illegible]

P. O. Address.....

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.