No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 41877

Registrar's No. 1322

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

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 20 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 1021 Faraon Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Opal Thomas,
3. (b) If veteran, name war None,
3. (c) Social Security No. None,
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife William M. Thomas,
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased June 3rd. 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	6	12	hr. min.

9. Birthplace Craig, Missouri, 0
(City, town, or county) (State or foreign country)
10. Usual occupation At Home, 0
11. Industry or business 0
FATHER
12. Name Dudley Weddle,
13. Birthplace Harrison County, Missouri,
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Addie Wilson,
15. Birthplace Harrison County, Missouri,
(City, town, or county) (State or foreign country)
16. (a) Informant William M. Thomas
(b) Address 1021 Faraon Street,
17. (a) Burial (b) Date thereof 12/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery,
18. (a) Signature of funeral director Heaton Bell & Bowman Funeral
(b) Address 319 So. 10th. Street, Home
19. (a) Dec 1-8-1940 (b) H. J. Westebush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th.
year 1940 hour 11:00 minute 45 p.M.
21. I hereby certify that I attended the deceased from 12/15, 1940, to 12/15, 1940;
that I last saw her alive on 12/15, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	
Due to Beginning broncho pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

107 W

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?
85
(Specify type of place)
While at work? (e) Means of injury
23. Signature Owen W. Craig (M. D. or other) M.D.
Address Kirkpatrick Bldg. ST. JOSEPH Date signed 12/4/40

(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 12-15-

, Registered Apprentice No.

working under my personal supervision.

Signed. Wm E Immerfall

Licensed Embalmer No. 12007

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, fact should be so stated above.