

No. 2  
4-12-40  
5-17-39  
F. 1  
I X2318

**MAR 11 1941**

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **215**

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

1. PLACE OF DEATH:

(a) County Duchanez

(b) City or town St. Joseph, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
807 Corby St. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 25 years  
years, months or days

3. (a) PRINT FULL NAME Harry Thomas

3. (b) If veteran, name war None

3. (c) Social Security No. 300-07-6275

4. Sex M

5. Color or race White

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

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June 7 1886  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>54</u>	<u>8</u>	<u>11</u> hr. <u>11</u> min.

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

10. Usual occupation Truck carrier

11. Industry or business W. P. A.

MOTHER FATHER

12. Name Geo Thomas

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret A. Thomas

(b) Address 807 Corby St.

17. (a) Funeral home (b) Date thereof Feb 29-41  
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Ash land

18. (a) Signature of funeral director Ernest Berry

(b) Address 218 So 10 St

19. (a) 2-19-1941 (b) H. J. Neelbush  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Duchanez

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 807 Corby St. 1  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb day 18 year 1941 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from Feb 12 1941 to Feb 18 1941; that I last saw him alive on Feb 17 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Influenza about 8 days according to histology

Due to Exposure

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

Duration 4 days

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

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. J. Neelbush (M. D. or other) M.D.  
Address 312 So 16 St. Joseph Mo Date signed 2-18-41

**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 *John E. Myers*.....

Licensed Embalmer No. *3220*.....

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.**