

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **292**

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution St Josephs Hospital
(d) Length of stay In hospital or institution 2 1/2 days
In this community 56 years

3. (a) PRINT FULL NAME Margaret Thomas

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased March 12 1885

8. AGE: Years 55 Months 11 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace St Joseph Mo D

10. Usual occupation Housewife

11. Industry or business None

12. Name Tom Young 13. Birthplace Missouri

14. Maiden name Missouri 15. Birthplace Missouri

16. (a) Informant Mrs Mildred Pittman

(b) Address 821 1/2 So 23rd St

17. (a) Burial (b) Date thereof 3-11-41

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Wm J. Young (b) Address 218 So 10th St St Joseph Mo

19. (a) Mar. 11, 1941 (b) W. J. Young (c) W. J. Young

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(d) Street No. 821 1/2 South 23rd
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1941 hour 2-15 minute _____ A. M.

21. I hereby certify that I attended the deceased from 3-7-41 to 3-9-41 that I last saw her alive on 3-8 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Hypertension Heart Disease
Due to Cardiac Decompensation
Central Anger with
Due to facial paralysis
Chc Hypert with edema

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature W. J. Young (M. D. or other) MD
Address St Joseph Mo Date signed 3-10-41

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.