No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10166

APR 15 1941 85

Registration District No.

Primary Registration District No. 1001

Registrar's No. 369

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: 108 NORTH 2nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community ABT. 10 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County BUCHANAN
(c) City or town 108 NO. 2nd
(If outside city or town limits, write "RURAL")
(d) Street No. ST. JOSEPH
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME THOMAS- -GREEN
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Sept. (Month) 10 (Day) 1882 (Year)

8. AGE: Years 58 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Unknown
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Welfare Board Records
(b) Address St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr (Month) 5 (Day) 1941 (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Roy Stamp
(b) Address St Joseph Mo
19. (a) Apr 3 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30 year 1941 hour 5 minute 10 P M.
21. I hereby certify that I attended the deceased from march 8, 1941, to March 29, 1941; that I last saw him alive on March 29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death cancer of stomach primary lesion with metastasis to spinal colum — Duration
Due to very large bed sores with
Due to sores on both feet as well as along spine & gentiel region
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 Charles H. Werner (M. D. or other) M.D.
Address 221 Kirkpatrick Bldg signed 4-7-1941

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

#5

(Sioner)

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 John H. Hurley, Registered Apprentice No. ..... working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 9050

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.