No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 10 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 27869

Registrar's No. 23

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: 2007 Holman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1
In this community: 87 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 2007 Holman
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME: Henry Thomas
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sarah Hall Thomas
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: September (Month) 23 (Day) 1853 (Year)

8. AGE: Years 87 Months 11 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace: Dekalb County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER 12. Name: Henry Thomas
FATHER 13. Birthplace: Michigan County (City, town, or county) North Carolina (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Donaldson
MOTHER 15. Birthplace: Lincoln County (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: Mrs. Sarah H. Thomas
(b) Address: 2007 Holman St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 2, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethel Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon St. St. Joseph, Mo.
19. (a) Sept. 2 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 31 year: 1941 hour: 12:12 minute: 20 A.M.

21. I hereby certify that I attended the deceased from May 8, 1941 to Aug. 31, 1941 that I last saw him alive on Aug. 31, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio-sclerosis	many yrs.
Due to: Senile dementia	3 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Carcinoma of laryngeal mucosa	2 mo.

Major findings: Of operations: none
Of autopsy: none

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: G. T. Bloomer (M. D. or coroner) M. D.
Address: 1218 N. 3rd St. Date signed: 9-1-41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Walter Meierhoffer Jr., Registered Apprentice No. 302 working under my personal supervision.

Signed: Walter Meierhoffer

Licensed Embalmer No. 1890

P. O. Address 1302 Faraon St. St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.