

FILED MAY 1 1944

State File No. _____
Registrar's No. 372

Registration District No. 42

Primary Registration District No. 1800

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 2 Mo. 10 days
(Specify whether years, months or days)
In this community 42 years,

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. 1212 So. 27th. Street,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Phillip Thomas,

3. (b) If veteran, name wdr. None,
3. (c) Social Security No. 487-14-5825

4. Sex Male, 5. Color or race White
6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Viola Thomas
6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 9th. 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 2 hr. min.

9. Birthplace Terre Haute, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Engineer,
City Hall, St. Joseph,

11. Industry or business
12. Name Eli Washington Thomas,

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

14. Maiden name Naomi Benjamin
15. Birthplace Unknown, Ohio,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John P. Thomas

(b) Address 1212 So. 27th. Street,
Burial

(c) Date thereof 4/13/44
(Burial, cremation or removal) (Month) (Day) (Year)
Packard Cemetery, Cameron, Mo.

(c) Place: burial or cremation
18. (a) Signature of funeral director
Nealon, B. B. & B. B. Burial Home

(b) Address 319 So. 10th. Street, Home
19. (a) 4/12/44 (b) Roe Keegan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th.
year 1944 hour 2:00 minute 50 A. M.

21. I hereby certify that I attended the deceased from February 22
1944 to April 11, 1944
that I last saw him alive on April 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism
Duration 1 hr.

Due to Diabetes
Due to Diabetic gangrene, rt. foot

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature W. M. Fetheraker (M, D, or other) M. D.
Address Social Welfare Board Date signed 4/12/44

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

APR 30 1945

MAY 2 1944

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 *Frank A. Bourman*

Licensed Embalmer No. *1710*

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.