

FILED APR 10 1948
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 268

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:
4611 King Hill Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 39 years ~~30~~ ~~34~~ (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. 4611 King Hill Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna L. Thouston

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-14-5065

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

6. (b) Name of husband or wife Wade Thouston 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug. 10, 1912
(Month) (Day) (Year)

8. AGE:	Years <u>33</u>	Months <u>6</u>	Days <u>22</u>	If less than one day hr. _____ min. _____
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9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business Dry goods store

12. Name George Goman
13. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

14. Maiden name Ida Logan
15. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wade Thouston
(b) Address 4611 King Hill Ave.

17. (a) Burial (b) Date thereof March 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Beatrice H. ...
(b) Address 812 Pacific St. St. Joseph, Mo.

19. (a) Mar. 7 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 - 2 - 1946
year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 28 1946 to March 2 1946
that I last saw her alive on March 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis pulmonary Duration 2 months

Due to Emphysema Jan 28 - 1946

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 33
Of autopsy _____

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? _____ Means of injury _____

23. Signature [Signature] (M. D. or D. O. _____)
Address 109 1/2 W. No. Ave. Date signed 3/9/46

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

17556

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 3/2/46

....., Registered Apprentice No.
working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 4238

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.