V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26324

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 918

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
625 So 5 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community UNKNOWN
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County CRAWFORD

(c) City or town PITTSBURG
(If outside city or town limits, write "RURAL")

(d) Street No. 402 W 6th
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 2

If yes, name country ✓

3. (a) PRINT FULL NAME THOMAS JAMES

3. (b) If veteran, name war (UNKNOWN)

3. (c) Social Security No. 496-05-4444

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced UNKNOWN

6. (b) Name of husband or wife UNKNOWN

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased (UNKNOWN) (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day
ABOUT 55 — ESTIMATE — hr. min.

9. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

10. Usual occupation LABORER

11. Industry or business BURLINGTON RAILROAD

FATHER
12. Name (UNKNOWN) 9
13. Birthplace (UNKNOWN) (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name (UNKNOWN) 9
15. Birthplace (UNKNOWN) (City, town, or county) (State or foreign country)

16. (a) Informant VICTOR J. BARRY

(b) Address 224 So. 10.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 7 46 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETARY

18. (a) Signature of funeral director Victor J. Barry

(b) Address 224 So 10 St Joseph Mo

19. (a) Aug. 16, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 3d
year 1946 hour 9 minute A. M.

21. I hereby certify that I Viewed the deceased from Aug 4th, 1946, to ____, 19__;
that I last saw h__ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 92

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 R. W. Tadlock Coroner (M. D. or other)

Address King Hill Bldg Date signed 8/7/46

St. Joseph, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

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 Victor J. Barry

Licensed Embalmer No. 4212

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.