FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 7 1948 42

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25542

Primary Registration District No. 1000

Registrar's No. 929

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: 2764 Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 5 months
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: A gency 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Agency, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Charles Manley Thomson
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Corie M. Thomson
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October (Month) 30 (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	79	10	0	hr. min.

9. Birthplace: Agency (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Farmer

FATHER
12. Name: Charles Edward Thomson
13. Birthplace: Unknown (City, town, or county) New York 1 (State or foreign country)

MOTHER
14. Maiden name: Ella Dittmas
15. Birthplace: Plattsburg (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: George E. Thomson
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Agency Mo. Cemetery
18. (a) Signature of funeral director: Heaton-Burman
(b) Address: St. Joseph, Mo
19. (a) 9-3-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 282

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1948 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from Aug 25 1948 to Aug 30 1948 and that I last saw him alive on Aug 29th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause of 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: B. W. Tadlock (M. D. or other)
Address: King Hill Bldg. Date signed: 8/31/48
St. Joseph, Mo

Jefferson City Printing Co.

(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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Jo

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

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