

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **315**

BIRTH NO.		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>41</b>
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1722 So. 6th Street</b>		d. STREET ADDRESS (If rural, give location) <b>1722 So. 6th Street</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>		b. (Middle) _____		c. (Last) <b>Thomas - Sr.</b>
4. DATE OF DEATH 1 12 1950		5. SEX <b>Male</b>		
6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>6 4 1871</b>
9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Buchanan County, Mo.</b>
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Not Known</b>		13b. MOTHER'S MAIDEN NAME <b>Not Known</b>		14. NAME OF HUSBAND OR WIFE <b>Hattie White Thomas</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Georgia Banke</b> ADDRESS <b>2125 So. 5th St.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Laborer pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None noted</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>Nov 11</b> , 19 <b>49</b> , to <b>Jan 11</b> , 19 <b>50</b> ; that I last saw the deceased alive on <b>Jan 10</b> , 19 <b>50</b> , and that death occurred at <b>11:40 A.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Henry J. Woodruff</b>		23b. ADDRESS <b>St. Joseph Mo. 109 1/2 W. Mo. Ave.</b>		23c. DATE SIGNED <b>Jan 13 1950</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>1 14 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery St. Joseph Mo.</b>
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. H. Alexander</b> ADDRESS <b>St. Joseph Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Jan 16, 1950</b>		REGISTRAR'S SIGNATURE <b>E. G. Jenkins</b> <b>382</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

0117

0117

JAN 25 1957

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Wm. H. Alexander

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4450

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.