

SEP 16 1940
Registration District No. 85

Primary Registration District No. 5127

Registrar's No. _____

954

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D.#6. St. Joseph, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 42 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) 0 Missouri (b) County Buchanan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.#6. Kirschner Addt'
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 42 years. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from
8-30- 1940, to 8-31 1940
that I last saw him alive on 8-31 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
myocarditis
lobar pneumonia

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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?
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(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature E. J. Gross (M. D. or other) _____
Address 5008 W. Long Hill Date signed 9-7-40

8. (a) PRINT FULL NAME Stephen Thomas 520
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Patrinella Thomas 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased December 25, 1869.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 8 6 _____ hr. _____ min.

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

10. Usual occupation Retired Beef Luggier

11. Industry or business Armour & Co.

12. Name Unknown
13. Birthplace Unknown Lithuania
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Lithuania
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Thomas
(b) Address R.F.D.#6. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Sept. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director H. O. Sidenfaden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Sept 31 1940 (b) A. J. Mitchell
(Date received local registrar) (Registrar's signature)

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

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

Albert C. Harrington

Licensed Embalmer No..... 3258

P. O. Address St. Joseph, Missouri.

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, above space should be left blank.