

1. PLACE OF DEATH:  
Buchanan  
(a) County  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 6305 Carnegie St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 years  
In this community 38 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Thomas  
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 Barbara 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased December 31, 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired farmer  
Farm

11. Industry or business \_\_\_\_\_  
12. Name John Thomas  
13. Birthplace Austria  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Yacos  
15. Birthplace Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Thomas (Daughter)  
(b) Address 6305 Carnegie St., City.

17. (a) Burial (b) Date thereof 4/19/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director John E. Crupp  
(b) Address 6054 Pryor Ave., City

19. (a) 4-19-43 (b) Rose Herzog  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
Buchanan Missouri St. Joseph  
(a) State (b) County  
(c) City or town  
(d) Street No. 6305 Carnegie St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country Naturalized American

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month April day 15  
year 1943 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from Mar. 17, 1943, to April 15, 1943  
that I last saw him alive on April 14, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of Heart Duration 36 hours

Due to Hypostatic Pneumonia 3 days

Due to Influenza 2 weeks

Other conditions (Includes pregnancy within 3 months of death) 230

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature E. J. Cross (M. D. or other) Dr. All  
Address 5008 Vinton Hill Date signed 4-16-43

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

12.33

MAY 18 1943

OCT 15 1953

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 John E. Ruff

Licensed Embalmer No. 3986

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.