

~~1945~~ JUL 11 1945
Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 716

1. PLACE OF DEATH:
 (a) County Missouri 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: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME John W. Thomas
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 6
 year 1945 hour 4 minute 10P M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced divorced
 (b) Name of husband or wife Mary C.
 (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased December 5 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 6, 1945 to July 6, 1945
 that I last saw him alive on July 6 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>7</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death
Arteriosclerosis general
Arterio-sclerotic heart disease

9. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
Pronary occlusion 7-6-45

10. Usual occupation retired farmer

11. Industry or business _____

Major findings:
 Of operations g3d
 Of autopsy Not done

MOTHER FATHER
 12. Name Robert H. Thomas
 13. Birthplace Lexington, Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Foster
 15. Birthplace Frankfort, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Kelly Thomas
 (b) Address St. Joseph, Mo.

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? _____

(c) Place: burial or cremation Union Cemetery
 18. (a) Signature of funeral director Walter B. Bell & Co.
 (b) Address 319 South 10th
 19. (a) 7/7/45 (Date received local registrar)
 (b) John W. Thomas (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury
 Signature W. J. Lerner M.D. (M. D. or other)
 Address St. Joseph, Mo. Date signed 7-7-45

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

Mr. Carl Senon
722 1/2 Francis

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 *Frank A. Bennett*

Licensed Embalmer No. 1710

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.