

REC JAN 9 3 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

41652

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1002 Registered No. 4718
 (c) City Kansas City (d) Street No. Research Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 500 Clyde Toomay St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)
B. Raymer, M.D.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Herma Toomay
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28, 1906
 7. AGE YEARS 38 MONTHS 0 DAYS 5 If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. A. armer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cowgill (STATE OR COUNTRY) Missouri

13. NAME David J. Toomay

14. BIRTHPLACE (CITY OR TOWN) Brazh (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Josephine Jacobs

16. BIRTHPLACE (CITY OR TOWN) Lawrence (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs. Herma Toomay
B. Raymer, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE B. Raymer Mo DATE December 1938

19. FUNERAL DIRECTOR (NAME) Wagner Funeral Home (ADDRESS) 204 West Linwood

20. FILED Dec 4 1938 m. m. Snowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 3 1938

22. I HEREBY CERTIFY, That I attended deceased from NW 25 1933 to Dec 2, 1938

I last saw h. c alive on Dec 2, 1938. Death is said to have occurred on the date stated above, at 8:05 P.M.

The principal cause of death and related causes of importance were as follows:

Menigitis streptococcus 1150
 Date of onset

Other contributory causes of importance: Streptococcus sore throat

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) Donald R. Black, M. D.
 (Address) 924 Pro. Bldg
100 2nd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.