

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22203
 Do not use this space.

REC'D JUL 13 1939

1. PLACE OF DEATH

(a) County Harrison Registration District No. 334
 (b) Township Primary Registration District No. 4197
 (c) City Bethany or (d) Street No. 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. 416 John Henry Tolliver St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Anna M. Tolliver
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 0 3
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Attica Ind. 4
 FATHER 13. NAME James Tolliver 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 MOTHER 15. MAIDEN NAME Dora Kern
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dora Kern
 17. INFORMANT (ADDRESS) Anna M. Tolliver Bethany Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri County DATE June 27 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joe E. Wheeler Bethany Mo
 20. FILED 6-26-39 Q. L. Westfall Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1939
 22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw him/her on 19..... Death is said to have occurred on the date stated above, at A. M.
 The principal cause of death and related causes of importance were as follows:
 Date of onset
Cerebral Hemorrhage
 Other contributory causes of importance: g. d. v.
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 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) Joe E. Wheeler Coroner
 (Address) Bethany Mo.

RECEIVED

District Health Officer No. 11,

District File Number 739-845

Date Filed JUL 12 1939

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.....

Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany 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, above space should be left blank.