

REC'D AUG 7 1939

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

24576

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Kaw Primary Registration District No. 1007
(c) City Kansas City Mo (d) Street No. Ellen Hospital #2 Registered No. 2789
(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

577 Charlie F. Toney (Toney)
(a) Residence, No. 1210 Paseo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 - 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 7 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Porter Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Charlie M. Toney 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va. 1

MOTHER 15. MAIDEN NAME Nehi Holmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT James P. Toney
(ADDRESS) 1717 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cem. DATE July 12 1939

19. FUNERAL DIRECTOR (NAME) B. L. Abraham
(ADDRESS) 7208 Vine St.

20. FILED July 11, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2-39 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him July 1, 1939 to July 2, 1939, 19... Death is said to have occurred on the date stated above, at 9:00 p.m.

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

Shot wound by - Date of onset
Paralytic Illness 184

Other contributory causes of importance:

Name of operation Autopsy Date of July 12 1939
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? Violence Date of injury July 2, 1939

Where did injury occur? Do not know (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shot wound by
Nature of injury Shot wound

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) James P. Toney, M. D.
(Address) Kaw

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

B. J. Graham

Licensed Embalmer No.

2540

P. O. Address

2208 Vine

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.