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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 12 1940

State File No. 6671

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 199

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Johns Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether

In this community 3 weeks years, months or days) 416

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian

(c) City or town Ozark, Mo. (If outside city or town limits write "RURAL")

(d) Street No. ✓ (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Elva Alberta Tolbirt

3. (b) If veteran, name war ✓ ✓

3. (c) Social Security No. ✓ ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. C. Tolbirt

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased February (Month) 16 (Day) 1917 (Year)

8. AGE: ✓ Years 23 Months 0 Days 12 If less than one day ___ hr. ___ min.

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

10. Usual occupation House Work

11. Industry or business at home

FATHER
12. Name Bert B. Hamilton
13. Birthplace Clark (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Bessie May Fowler
15. Birthplace Clark (City, town, or county) Mo. (State or foreign country)

16. (a) Informant J. C. Tolbirt

(b) Address Ozark, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/1/40 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director B. C. Kleger

(b) Address Ozark Mo. 1290

19. (a) 2/28/40 (Date received local registrar) (b) Chas. A. George (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1940 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 6, 1939, to Feb 28, 1940 that I last saw her alive on Feb. 28, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Dilatation of Heart	
Due to Hypo nephrosis Bilateral with nephrolethiasis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 134 N	

Major findings: Of operations Hypo nephrosis at Kidney Kidney completely destroyed

Of autopsy no

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. S. Sewell (M. D. or other) M.D.

Address Springfield Mo Date signed 2-28-40

(Licensed Embalmer's Statement on Reverse Side)

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 Forest Klepper, Registered Apprentice No. 143 working under my personal supervision.

Signed B. C. Klepper

Licensed Embalmer No. 2178

P. O. Address Ozark, 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.