

11709

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1940MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County Mercer
 (b) City or town Princeton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 88 years (Specify whether years, months or days)
 In this community 88 years, months or days

3. (a) PRINT FULL NAME Mary Jane Toler

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 Widowed
 6. (b) Name of husband or wife Miles Toler 6. (c) Age of husband or wife If alive _____ years
 7. Birth date of deceased March 25 1851
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 - 11 19 hr. min.9. Birthplace Mercer Co Mo
 (City, town, or county) (State or foreign country)10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER
 12. Name E. R. Wilcox
 13. Birthplace Ky
 (City, town, or county) (State or foreign country)
 14. Maiden name Myriva Reeves
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Will Huntington
 (b) Address Princeton, Mo.
 17. (a) Burial (b) Date thereof 3-15-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Martin Funeral Home
 (b) Address Princeton, Mo.
 19. (a) J. M. Berry (b) J. M. Berry
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Mercer
 (c) City or town Princeton
 (If outside city or town limits, write "RURAL")
 (d) Street No. City (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
 year 1948 hour 8:45 minute 45 P. M.21. I hereby certify that I attended the deceased from Mar 7
Mar 7, 1948, to Mar 10, 1948
 that I last saw h. by alive on Mar 10, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death

Mitral insufficiency 94

Due to

Due to

Other conditions
 (Include pregnancy within 3 months of death) 92 WMajor findings:
 Of operations _____Of autopsy no

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? Home

While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature E. W. Stacy (M. D. or other) _____
 Address Mar 14-1948 Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 111

District File Number 446-445

Date Filed APR 2 1949

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.