

FILED JUL 15 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

2913  
21795

Registration District No. 318

Primary Registration District No. 5440

Registrar's No.

510

## 1. PLACE OF DEATH:

- (a) County **GREENE** *S Campbell Hill Farm*  
 (b) City or town **Springfield**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Route 7** **2**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

## 3. (a) PRINT FULL NAME

**Adelaide Humphrey Toomer**

3. (b) If veteran,
- 
- name war \_\_\_\_\_

3. (c) Social Security
- 
- No.
- no**

4. Sex
- Female**
5. Color or race
- White**
6. (a) Single, widowed, married,
- 
- divorced
- Widowed**

6. (b) Name of husband or wife
- Richard Frank Toomer**
6. (c) Age of husband or wife if
- 
- alive
- Dec.**
- years \_\_\_\_\_

7. Birth date of deceased
- February 27, 1848**
- 
- (Month) (Day) (Year)

8. AGE: Years
- 92**
- Months
- 3**
- Days
- 12**
- If less than one day
- 
- hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace
- Quincy, Illinois**
- 
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Ret. Housewife**

11. Industry or business
- In Home**

12. Name
- John Humphrey**

13. Birthplace
- Unknown Ill.**
- 
- (City, town, or county) (State or foreign country)

14. Maiden name
- Amenda M. Dale**

15. Birthplace
- Unknown Ill.**
- 
- (City, town, or county) (State or foreign country)

16. (a) Informant
- Mrs. Lincoln Hazelton**

- (b) Address
- Route 7, City**

17. (a)
- Burial**
- (b) Date there
- 6-10-40**
- 
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Maple Park**

18. (a) Signature of funeral director
- Alvin Schumaker**

- (b) Address
- Springfield, Missouri**

19. (a)
- June 12, 1940**
- (b)
- W. E. Haudley M.D.**
- 
- (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Greene**  
 (c) City or town **Springfield**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Route**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH
- (TOOMER)**
- Month
- June**
- day
- 9**
- 
- year
- 1940**
- hour
- 6**
- minute
- 30 P.M.**

21. I hereby certify that I attended the deceased from
- January**
- 
- first**
- , 19
- 40**
- , to
- June 9**
- , 19
- 40**
- ,
- 
- that I last saw her alive on
- June 7**
- , 19
- 40**
- 
- and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Haemorrhage, Dry**Due to **arteriosclerosis of the****arteries of the brain**Due to **arteriosclerosis of the****arteries of the brain**

Other conditions \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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?
- 
- 9214**

While at work? **9214** (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature
- W. E. Haudley M.D.**
- (M. D. or other) \_\_\_\_\_

Address **200 E. Pershing** Date signed **6/10/40**

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

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

X21492

(920007)

**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 Lewis E. Schaefer

Licensed Embalmer No. 38012

P. O. Address Springfield, MA

**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.**

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