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FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31087

State File No. _____

3850

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 4400 Jarboe St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 years
(Specify whether years, months or days)

In this community 12 years
years, months or days

3. (a) PRINT FULL NAME Anna Mae Toole

3. (b) If veteran, name war No

3. (c) Social Security No. 496-03-5987

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife Walter Toole

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov 17th 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>9</u>	<u>29</u>	<u>hr. min.</u>

9. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Enno W. Bergman

13. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Rigney

15. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Stella M. Toole

(b) Address 4400 Jarboe St

17. (a) Burial (b) Date thereof 9-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah

18. (a) Signature of funeral director Bergman Funeral Home

(b) Address 4306 Millcreek Pky

19. (a) Sept. 18, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4400 Jarboe St
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1940 hour 4 minute pm M.

21. I hereby certify that I attended the deceased from May 1 to Sept 16 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix 20 mo.

Due to Serious Stenosis 1 year.

Due to complete histologic remission

Other conditions 4/4
(Include pregnancy within 3 months of death)

Major findings: no apparent metastasis

Of operations _____

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) no

(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? _____

23. Signature James H. Neif (Specify type of place) _____
(e) Means of injury _____

Address Prof. Reg. - Rem. Date signed _____

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

11C

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 *Harry C. Bignman*

Licensed Embalmer No. *2041*

P. O. Address *Kan City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.