

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35446

Registration District No. 362

Primary Registration District No. 5507

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Hickory

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 49 years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Jessie James Toliver

8. (b) If veteran, name war No

8. (c) Social Security No. No

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Edna Toliver

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May 6 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	5	5	hr. min.

9. Birthplace Pittsburg Hickory
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Mo.

11. Industry or business

MOTHER FATHER

12. Name John Wesley Toliver

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

14. Maiden name Mandy Bassett

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Knight

(b) Address Urbana, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 10 12 - 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Nemo Cemetery

18. (a) Signature of funeral director White & Rice

(b) Address Warsaw Mo.

19. (a) 10-14-1940 (b) John P. Danvers
(Date received in local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory

(c) City or town "Rural" Urbana - R#1
(If outside city or town limits, write "RURAL")

(d) Street No. Green Townships
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1940 hour 6 minutes 30 A. M.

21. I hereby certify that I attended the deceased from Sept 1st 1940 to Oct 11 1940
that I last saw him alive on Oct 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death H.B. of Kidneys

Due to Heart in Hospital in Springfield Mo

Due to _____

Other conditions (Include pregnancy within 3 months of death) 2 1/2

Major findings:
Of operations _____

Of autopsy _____

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? _____

373 (Specify type of place) _____
While at work _____ (e) Means of injury _____

23. Signature J. A. Glosa (M. D. or other) MD
Address Urbana Mo Date signed 10/14/40

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

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1581

Date Filed 11-12-40

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. 4098

P. O. Address.....

Warsaw

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.