S. No. 2
I—4-13-40
v. 5-17-39
I X23159

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1509 469

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

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

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: 567 Forest (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community About 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 567 Forest (If rural, give location) 8
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Bettie Toliver
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fe
5. Color or race Col
6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife William Tolbert
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased 1 (Month) 29 (Day) 1893 (Year)

8. AGE: Years 47 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Pine Bluff (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ~~Unk.~~
FATHER
12. Name Unk.
13. Birthplace (City, town, or county) Unk. (State or foreign country)
MOTHER
14. Maiden name Unk
15. Birthplace (City, town, or county) Unk. (State or foreign country)
16. (a) Informant William Toliver
(b) Address 567 Forest
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 1 (Day) 41 (Year)
(c) Place: burial or cremation Lincoln K.C. Mo
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th
19. (a) Jan 31 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 28 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 9-3-40 9-3-40, 19 to 1-28-41, 19; that I last saw her alive on 1-28-41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death acute Nephritis
Due to
Due to
Other conditions (none) (Include pregnancy within 3 months of death)
Major findings: Of operations none, none
Of autopsy none

Duration

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 no no
(c) Where did injury occur? no (City or town) no (County) no (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no no (Specify type of place)
While at work? no (e) Means of injury no
23. Signature Henry B. Ryan (M. D. or other)
Address 1605 E. 18th Date signed 1-30-41

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Edw G Evans

Licensed Embalmer No. 3836

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, fact should be so stated above.