

No. 2
-13-40
17-39
X23156

State File No. _____

60 MAR 14 1941

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town EL DORADO SPRINGS
(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 _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Cedar

(c) City or town EL DORADO SPRINGS _____
(If outside city or town limits, write "RURAL")

(d) Street No. 102 W Walnut _____
(If rural, give location)

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

3. (a) PRINT FULL NAME OSCAR J TONEY

3. (b) If veteran, name war SPANISH AMERICAN

3. (c) Social Security No. none

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife Theo TONEY 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept-28-1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) Ind

10. Usual occupation Retired

11. Industry or business _____

12. Name ELKIN TONEY

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

14. Maiden name HARRIET C. SHELLEY

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

16. (a) Informant Mrs Theo Toney

(b) Address El Dorado Springs, Mo

17. (a) ~~burial~~ (b) Date thereof 3-12-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Abnado Spgs. (Cem)

18. (a) Signature of funeral director Erwin Siders

(b) Address El Dorado Springs, Mo

19. (a) 3/11-41 (b) W Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1941 hour 6 minute 7 M.

21. I hereby certify that I attended the deceased from Feb. 27th, 1941, to Mar 10, 1941;
that I last saw him alive on Mar 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to 1/2 in

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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? 154

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Ch Henderson (M. D. or other) MD

Address El Dorado Spgs. Date signed 3-11-41

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

MOTHER FATHER

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 MD Gwinn

Licensed Embalmer No. 2034

P. O. Address Edwards App. Emb.

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.