DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10490

APR 10 1941

Registration District No. 218 — Primary Registration District No. 5298 — Registrar's No. 45

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

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Boonville Twp Rural
(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: ----
In this community: All of life. / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cooper 27
(c) City or town: Boonville 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME: Mrs. Mary Margaret Toler.

3. (b) If veteran, name war: ----

3. (c) Social Security No.: ---

4. Sex: Female /

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: M. Columbus Toler.

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

7. Birth date of deceased: Feb. (Month) 9th (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	1	19	hr. min.

9. Birthplace: Cooper County, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife.

11. Industry or business: At Home.

FATHER
12. Name: John Steele.
13. Birthplace: Tennesse / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Eliza Batton.
15. Birthplace: Howard County, Missouri. 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Harry Snider.
(b) Address: Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 30/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Walnut Grove Cem.

18. (a) Signature of funeral director: Goodman & Boller
(b) Address: Boonville, Mo.

19. (a) 3-28-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 28th year: 1941 hour: 4 minute: A. M.

21. I hereby certify that I attended the deceased from: Jan 15 1946 to Mch 28 1941; that I last saw him alive on: Mch. 4th 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Disease of Heart — Duration

Due to: A

Due to: G & P

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

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? (Specify type of place)
(e) Means of injury:
While at work?

23. Signature: R. L. Evans (M. D. or other) D
Address: Boonville Mo Date signed: 3/28/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 4-8-41
Date Filed

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, M

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

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