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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20879

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2409

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: 1715 Park ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 37 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048 3 8
(a) State MO (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1715 Park ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nim G. Toles
3. (b) If veteran, name war World
3. (c) Social Security No. no
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Florence Toles
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) - 28 (Day) - 1887 (Year)

8. AGE: Years 53 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Whitebur Texas (City, town, or county) (State or foreign country)
10. Usual occupation Disable Veteran
11. Industry or business
MOTHER FATHER
12. Name Sam Toles
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 6
16. (a) Informant Florence Toles
(b) Address 1715 Park
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Wadsworth Kans
18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1811 E. 12th St. K.C. MO
19. (a) 6/24/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 28 - 1941 to June 21, 1941 that I last saw him alive on June 21 - 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Aortic + Mitral Insufficiency

Due to 92P

Due to

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

Major findings:
Of operations 92P
Of autopsy no

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)
(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)
While at work? (e) Means of injury

23. Signature L. W. Booker (M. D. or other) 6/23/41
Address 2028 Vine Pl. Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUN 30 1941

JUL 10 1941

AUG 13 1941

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 E. Sterling Bill

Licensed Embalmer No. 3178

P. O. Address 1811 E 12th St K.

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.