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FILED JUL 19 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

21976

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 443

Primary Registration District No. 4261

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Hurdland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Worth
(c) City or town Hurdland
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME SARAH M. TONKINSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Harry Tonkinson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Apr. 23 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Novelty Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Daniel Woodward
13. Birthplace 1 N.Y.
(City, town, or county) (State or foreign country)
14. Maiden name Della Crowder
15. Birthplace 1 N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Jean Tonkinson
(b) Address Hurdland Mo.

17. (a) Burial (b) Date thereof Aug 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hurdland Cemetery

18. (a) Signature of funeral director Foster P. Embury
(b) Address Amabel Mo.

19. (a) June 13 1941 (b) Ms. C. M. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1940 hour 10 minute 10 M.

21. I hereby certify that I attended the deceased from June 9, 1940
Aug 10, 1940 to Aug 10, 1940
that I last saw him alive on Aug 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration 2 1/2
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? _____

395 (Specify type of place)
While at work? _____ (e) Means of Injury _____

23. Signature T. H. Buckley (M. D. or other) _____
Address La Plata Mo Date signed 8/11-40

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

RECEIVED

District Health Officer No. 10

District File Number

7-41-1321

Date Filed

III 16 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

Foster P. Esley

Licensed Embalmer No.

1146

P. O. Address

Brashear, Mo

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, above space should be left blank.