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7. 5-17-39
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Dr McLean

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State, File No. **25785**

FILED AUG 15 1941

Registration District No. **454**

Primary Registration District No. **6281**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Pemiscot**

(b) City or town **Cooter, (Cooter Township)**
(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 _____ (Specify whether _____)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot**

(c) City or town **Cooter, (Rural)**
(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 **Martha Sue Tole**

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** **Single**

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____ **alive** _____ **years**

7. Birth date of deceased **Sept 29 40**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19**
year **1941** hour **5** minute **10** AM.

21. I hereby certify that I attended the deceased from **May 31**
_____, 1941, to **June 8**, 1941;
that I last saw her alive on **a short 2 of June**, 1941;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
	8	20	_____ hr. _____ min.

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

Immediate cause of death **Colitis** **Duration** _____

Due to _____

Due to _____

Other conditions **190**
(Include pregnancy within 3 months of death)

10. Usual occupation **None**

11. Industry or business **None**

MOTHER FATHER

12. Name **Norman Tole**

13. Birthplace **Holland, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Burline Todd**

15. Birthplace **Wildersville, Tenn.**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Catherine Moore**

(b) Address **Steele, Mo. R.F.D. #1**

17. (a) Burial **(b) Date thereof** **6. 20. 41.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **# 8 Cemetery**

18. (a) Signature of funeral director **J.L. German**

(b) Address **Steele, Mo.**

19. (a) 7-21-1941 **(b) Tomb** **Brigance**
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ *(Specify type of place)*

(e) Means of injury _____

23. Signature **D.C. McLean** **(M. D. or other)** **D**

Address **Holland** **Date signed** _____

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

8-41-29

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

William C. Shelton

Licensed Embalmer No.

3929

P. O. Address

Steeles, Mo.

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, above space should be left blank.