

FILED JAN 28 1942

Registration District No. 598

Primary Registration District No. 9355 5792

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Morgan  
(b) City or town Switz - Morrow Morgan  
(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 Twenty five years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Morgan  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HARRIOTT TOLLIVER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 20  
year 1941 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 26, 1941 to Oct. 20, 1941;  
that I last saw her alive on Oct. 20, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death acute pulmonary edema Duration 2-3 hrs.

Due to hypertension - mild & hyperensive heart disease known for 4 months

Due to myocardial infarction known for 4 months  
Other conditions Diabetes Mellitus

Major findings: Of operations 61  
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? \_\_\_\_\_

23. Signature James G. Selano (M. D. or other) D.M.D.  
Address Versailles, Mo. Date signed 10-28-41

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Tolliver 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased May 12 1884  
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Andrew J. Bowling

13. Birthplace Muller Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Beard

15. Birthplace Monterey Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John Tolliver

(b) Address Versailles Mo

17. (a) Burial (b) Date thereof Oct 21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Mo

18. (a) Signature of funeral director H. T. Threlwell  
(b) Address Versailles Mo

19. (a) 11-2-41 (b) Will F. Benson Jr.  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7<sub>0</sub>

District File Number 12-41-2196

Date Filed 1-15-42

**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

*W. H. Kimmel*

Licensed Embalmer No. 1596

P. O. Address Wesleyville, 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, fact should be so stated above.**