FILED AUG 12 1942

23976

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 89 Primary Registration District No. 51-3-1-3007 Registrar's No. 227

S. No. 2
—9-4-41
5-17-39
P I X29484

2
7
3

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.R. 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Cornelius Tooley

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

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

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Cinda Tooley

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept 22 — 1873 (Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Indiana 1 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Geo. Tooley
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Lacy
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Volley Tooley
(b) Address Poplar Bluff, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mountain Grove, Mo.

18. (a) Signature of funeral director Greer Croy Service
(b) Address Poplar Bluff, Mo.

19. (a) 8-5-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1942 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from February, 1942, to July, 1942, that I last saw him alive on July, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver N

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

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

23. Signature Fred Burgess (M. D. ~~or other~~) 0
Address Poplar Bluff, Mo. Date signed 7/28/42

92 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 842-1018
Date Filed 8-10-42

SEP 23 194

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. Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.