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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 24 1942

Registration District No. 143

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5208

State File No. 26907

Registrar's No. 23

18
0
0

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

1. PLACE OF DEATH:
(a) County Carter
(b) City or town Hunter (If outside city or town limits, write "RURAL" and name of township) 0
(c) Name of hospital or institution: Private 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 all my life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carter 18
(c) City or town Hunter 0
(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 ELLA EDNA TOLLIVER
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 married
6. (b) Name of husband ~~or wife~~ James Gaddie Tolliver
6. (c) Age of husband ~~or wife~~ if alive 40 years
7. Birth date of deceased ~~July~~ March (Month) 8 (Day) 1905 (Year)
8. AGE: Years 37 Months 3 Days 23 If less than one day hr. min.
9. Birthplace Carter (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Postmistress
FATHER 12. Name John H. Lehr
FATHER 13. Birthplace (City, town, or county) Arkansas (State or foreign country)
MOTHER 14. Maiden name Sophronia A. Leach
MOTHER 15. Birthplace Wayne (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. H. H. Lehr
(b) Address Van Buren Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cemetery
18. (a) Signature of funeral director Seaton Pruett
(b) Address Van Buren Mo.
19. (a) 7/1 1942 (Date received local registrar) (b) Mrs A J Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1942 hour 0 minute M.
21. I hereby certify that I attended the deceased from 1/1, 1942, to 7/1, 1942, that I last saw her alive on 7/1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to Puerperal albuminuria and eclampsia.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1480
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Clifford Yokum (M. D. or other)
Address Doniphan Mo. Date signed

1078 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 842663
Date Filed 8-21-42

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.