

FILED AUG 22 1942

Registration District No. 237

Primary Registration District No. 5820

Registrar's No. 22

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Yidion (Anderson Twp)  
(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 Life  
In this community Life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid  
(c) City or town Yidion  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME

Myrtle Tolbert

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 5 years  
7. Birth date of deceased Oct. 5 1918  
(Month) (Day) (Year)

8. AGE: Years 22 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation Homework

11. Industry or business None

12. Name Jim Tolbert  
13. Birthplace Ill. (City, town, or county) (State or foreign country)  
14. Maiden name Ada James  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Jim Tolbert  
(b) Address Yidion Mo.

17. (a) Burial (b) Date thereof Aug-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Stonyfield

18. (a) Signature of funeral director Wanda J. Farnham

(b) Address Campbell Mo.  
19. (a) Aug 12 42 (b) Spinda Maccom  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12  
year 1942 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 2  
1942 to Aug 12 1942  
that I last saw her alive on Aug 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic malitis

Due to ✓

Due to ✓

Other conditions 61  
(Include pregnancy within 3 months of death)

Major findings: ✓  
Of operations ✓

Of autopsy ✓

Duration

8 months

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) (or Means of Injury)

23. Signature Spinda Maccom M.D. or other DO.  
Address Malden Date signed Aug 12 1942

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

72  
80

538

AUG 22 1962

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**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 Christina M. Landess  
Licensed Embalmer No. 4227  
P. O. Address Campbell, 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.**