

FILED NOV 12 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 760

11
7

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph, Mo.
(c) Name of hospital or institution: State Hospital no 2
(d) Length of stay: In hospital or institution 11 yrs 7 mos 25 days
In this community: Yes

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Buchanan
(c) City or town: St. Joseph, Mo
(d) Street No: Parkside apt 7
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: Leonard Miller Tolson
(b) If veteran, name war:
(c) Social Security No: No

20. DATE OF DEATH: Month Nov 5 day
year 1942 hour 10 20 minute P M.

4. Sex: Male 1 race: White 2
6. (b) Name of husband or wife: Tolson
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: April 26 1869 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10 1942 to Nov 5 1942
that I last saw her alive on Nov 5 1942
and that death occurred on the date and hour stated above.
Immediate cause of death: Coronary disease with acute occlusion suddenly

8. AGE:	Years	Months	Days	If less than one day
	73	6	9	hr. min.

Due to: Atherosclerosis 11 yrs +

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

Due to:
Other conditions: (Include pregnancy within 3 months of death) 942

10. Usual occupation: none

11. Industry or business:

12. Name: Orrie J. Miller

13. Birthplace: Unknown Kentucky (City, town, or county) (State or foreign country)

14. Maiden name: Sarah C. Tolson

15. Birthplace: Rock Park Mo (City, town, or county) (State or foreign country)

16. (a) Informant: R. D. Tolson
(b) Address: Amaka near

17. (a) Burial (b) Date thereof: 11-7-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Auburn Cemetery

18. (a) Signature of funeral director: Walter Meichoff
(b) Address: 13th. & Faraon St., St. Joseph, Mo

19. (a) 11-7-42 (b) Rose Hagos (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?

Major findings: Of operations
Of autopsy: Atherosclerosis with coronary occlusion

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) (c) Means of injury

23. Signature: R. D. Tolson (M. D. or other)
Address: State Hospital # 2 Date signed: 11/6 1942

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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..... *Geo E Daniel*

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.