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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 211

42
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Community Clinic Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry ⁴⁹

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Mi. South of Urich
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) ⁰
If yes, name country.....

3. (a) PRINT FULL NAME Roger Kahn Toalson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from now 13, 1942, to now 15, 1942;
that I last saw him alive on now 15, 1942, and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 13 years (Month) (Day) (Year) 1942

7. Birth date of deceased Nov (Month) 13 (Day) 1942 (Year)

Immediate cause of death Patient's pneumonia acute Duration 2 days

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. min.

Due to.....

Due to.....

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

Other conditions (Include pregnancy within 3 months of death) 1572

10. Usual occupation.....

11. Industry or business.....

12. Name Tilford Toalson

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

14. Maiden name Martha M. Kahn

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Tilford Toalson

(b) Address Urich Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 15 42 (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove

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.....

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) Nov 15 1942 (Date received local registrar) (b) Georgia Kitchener (Registrar's signature) S.X.

23. Signature James D. Drift (M. D. or other) Mo

Address Clinton Mo Date signed Nov 15 1942

SA 11 770 0117

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1349
Date Filed 12-10-42

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Fred Wilkerson
Licensed Embalmer No. 2478
P. O. Address Clinton

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.