

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Jackson City**  
(c) Name of hospital or institution: **1107 E 26th**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 weeks**  
In this community **5 weeks**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St. Joseph Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **St. Joseph Mo**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **—**

3. (a) PRINT FULL NAME **Abe Tootle**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **12** day **29**  
year **42** hour **5:15** minute **P** M.

4. Sex **m** 5. Color or face **W** 6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife **never married** 6. (c) Age of husband or wife if alive **—** years  
7. Birth date of deceased **12/10/1870**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12/10/42** to **12/29/42**  
that I last saw him **alive** on **12/29/42** and that death occurred on the date and hour stated above.

8. AGE: Years **60** Months **—** Days **—** If less than one day hr. **—** min. **—**

Immediate cause of death **Chronic hypochondriac infection**  
Due to **94a**

9. Birthplace **Poland** **4**  
(City, town, or county) (State or foreign country)

Due to **94a**  
Other conditions (Include pregnancy within 3 months of death) **—**

10. Usual occupation **Shoe Cobbler - Merchant**

Major findings: **—**  
Of operations **—**

11. Industry or business **—**

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

MOTHER FATHER  
12. Name **Sam Tootle**  
13. Birthplace **Poland** **4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sarah**  
15. Birthplace **Poland** **4**  
(City, town, or county) (State or foreign country)

Of autopsy **See above**

16. (a) Informant **Morris Tootle**  
(b) Address **St. Joseph Mo**  
17. (a) **Reburied** (b) Date thereof **12-27-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Joseph Mo**

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? **—**

18. (a) Signature of funeral director **Shirley Mayberry**  
(b) Address **2315 Linwood**  
19. (a) **Dec 27, 1942** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

(Specify type of place) **—** (e) Means of injury **—**  
While at work **—**  
23. Signature **—** **2/2/42**  
Address **—** Date signed **2/2/42**

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

Signed.....

*Ray E Snow*

Licensed Embalmer No. *2566*

P. O. Address *KC 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.**