S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6097

Registration District No. 70 — Primary Registration District No. 4124 — Registrar's No. 20

23
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clark

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

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23 1 0

(c) City or town Kahoka (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 John Toops

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of ~~husband~~ or wife Elen Toops

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 23 (Day) 1862 (Year)

8. AGE: Years 80 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Henry Toops
13. Birthplace Harrison Co. (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Nancy Ann Combs
15. Birthplace Harrison Co (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Henry Toops

(b) Address Kahoka Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka Cemetery

18. (a) Signature of funeral director Fred Kare

(b) Address Kahoka Mo.

19. (a) 2-5-43 (Date received local registrar) (b) Perry S. Boston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14th year 1943 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 1, 1943 to Jan 14, 1943 that I last saw him alive on Jan 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardele

Due to Branchial asthma

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 J. R. Bridges (M. D. or ~~other~~)

Address Kahoka Mo. Date signed 1-15-43

1073

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-43-464
Date Filed MAR 10-1943

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 Fred J Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.