

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 12 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35804
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 324
 (b) Township Marshall Primary Registration District No. 307-6019
 (c) City Marshall (d) Street No. Mo State School Registered No. 204
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. 7
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Dale Tolbert

(a) Residence, No. Everson, Mo. St. (If nonresident, give city or town and State) ()
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE OW 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 0

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 3 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Mo. State School
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Everson Mo. (STATE OR COUNTRY) 0

13. NAME Ernest Tolbert

14. BIRTHPLACE (CITY OR TOWN) Everson - Mo. (STATE OR COUNTRY) 1

15. MAIDEN NAME - Plumb

16. BIRTHPLACE (CITY OR TOWN) Everson, Mo. (STATE OR COUNTRY) 0

17. INFORMANT Records Mo. State School (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Everson Mo DATE Oct - 29 1943

19. FUNERAL DIRECTOR (NAME) Harry Hershberger (ADDRESS) Marshall, Mo

20. FILED Oct 28 1943 Mo T. Owestbrook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 26 1943

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1943, to October 26, 1943.
 I last saw him alive on October 26, 1943. Death is said to have occurred on the date stated above, at 8:15 P.m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis - Idiot
 Date of onset
 Other contributory causes of importance: 93%

Name of operation
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) L. S. James, M. D.
 (Address) Marshall, Mo.

RECEIVED
District Health Officer No. 4,

District File Number _____

Date Filed _____

11-10-43

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 _____

Harry Hershberger

Licensed Embalmer No. _____

4357

P. O. Address _____

Marshall 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.