

FILED MAY 10 1944

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton Genl Hosp #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community 18 33 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 49
(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")
(d) Street No. Corner of 3rd + Jefferson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tena Toller

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased April 11 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Shelby Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name Toller

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Social Security office
(b) Address Clinton mo

17. (a) Burial (b) Date thereof 4-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Conrad R. Beck
(b) Address Clinton mo

19. (a) April 5, 1944 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4
year 44 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 1
1944 to 4-4 1944
that I last saw her alive on 4-4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Ovaries
Duration 171

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) H68

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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 _____
23. Signature J. Walker (M. D. or other) M.D.
Address Clinton mo Date signed 4-22-44

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

RECEIVED

District Health Officer No. 71

District File Number

4-44-634
3-8-44

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.....

J. E. Corralan

Licensed Embalmer No. 1891

P. O. Address *Denton, Tex.*

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.