

S. No. 2
 DOM-2-43
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

21853

State File No.

FILED JUL 11 1944

Registration District No. 167

Primary Registration District No. 5601

Registrar's No. 73

1. PLACE OF DEATH: **Johnson**
 (a) County **Rural, Warrensburg Twp., Missouri**
 (b) City or town
 (c) Name of hospital or institution: **Rural, Warrensburg Twp., Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (If not in hospital or institution, write street and location)
 (d) Length of stay: In hospital or institution **Unknown**
 In this community **Unknown**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
New York **Unknown** **999**
 (a) State **New York** (b) County
 (c) City or town **Great Neck, Long Island** **30**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **20 Johnstone Road** **0**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **None** **2**

3. (a) PRINT FULL NAME **WARREN C. TOOKER** **ASN** **12189034**

3. (b) If veteran **World War #2** name war
 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive **1922** years

7. Birth date of deceased **May 12 1922**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 1 13 hr. min.

9. Birthplace **Brooklyn, New York**
 (City, town or county) (State or foreign country)

10. Usual occupation **Soldier**
U. S. Army

11. Industry or business

12. Name **William Tooker**

13. Birthplace **Brooklyn, New York**
 (City, town or county) (State or foreign country)

14. Maiden name **Unknown**
 (City, town or county) (State or foreign country)

15. Birthplace **Worcester, Mass.**
 (City, town or county) (State or foreign country)

16. (a) Informant **Records of U. S. Army**

(b) Address **Sedalia A.M.F.B., Warrensburg, Mo.**

17. (a) Removal **Removal** (b) Date thereof **6-27-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jamaica, N.Y.**

18. (a) Signature of funeral director **Gillespie**
 (b) Address **Sedalia Mo.**

19. (a) **Jame 26 1944** (b) **Seals McWilliams**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** **25**
1944 day **12** hour **28** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 25, 44**
12 to **Never** 19
 that I last saw him alive on
 and that death occurred on the date and hour stated above.

Immediate cause of death **Accidental Drowning**
 Duration **Died**
Immediately

Due to

Due to

Other conditions **183-3**
 (Include pregnancy within 3 months of death) **31**

Major findings: **None performed**

Of operations

Of autopsy **Pulmonary edema**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **Accidental drowning**

(a) Accident, suicide, or homicide (specify) **June 25, 1944** **031**

(b) Date of occurrence **Warrensburg Twp., Johnson, Mo.**

(c) Where did injury occur? **In garden of Eden swimming pool.**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?
While at work? No (Specify type of place) (e) Means of injury **Accidental Drowning**

23. Sig **Edmund Williams** (M. D. or other)

Address **Halden, N.Y.** Date signed **7/2/44**

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

JUL 27 1944

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..... *Geo Duval*

Licensed Embalmer No..... *3868*

*P. O. Address..... *Adelia 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.