V. S. No. 2
100M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 24994

Registrar's No. 16-21

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL Dittmer

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

(c) Name of hospital or institution: OWN HOME

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 2 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON

(c) City or town RURAL DITTMER Mo

(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? ~~Yes~~ No (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME JACOB TOSSICK

3. (b) If veteran, name war NONE

3. (c) Social Security No 493-07-8067

4. Sex MALE D

5. Color or race WHITE

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

6. (b) Name of husband or wife ESSIE MAY TOSSICK (FOSSETT)

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased APRIL (Month) 3 (Day) 1882 (Year)

8. AGE: Years 62 Months 2 Days 18 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) Mo D (State or foreign country)

10. Usual occupation RET. SYRUP MIXER

11. Industry or business SODA WATER FACTORY

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Essie Mae Tossick

(b) Address Dittmer Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 24 1944 (Month) (Day) (Year)

(c) Place: burial or cremation ST MARTINS CEM - DITTMER Mo

18. (c) Signature of funeral director J. Brummer

(b) Address House Springs Mo

19. (a) 24 Jun 1944 (Date received local registrar) (b) J A Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 21ST year hour 6 minute P.M.

21. I hereby certify that I attended the deceased from June 1st 1943 to June 21st 1944 that I last saw him alive on June 21st 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombo-Angitis. Obliterans (Buergers Disease)

Due to Arterio Sclerosis, Smoking Cigarettes. Excessively

Due to

Other conditions (Include pregnancy within 3 months of death) 99.2

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 T. B. Edwards (M. D. ~~or other~~)

Address Cedar Hill Mo Date signed 6/22/44

286 (Licensed Embalmer's Statement on Reverse Side)

JAN 25 1949

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-21-44

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 John H. Brunner

Licensed Embalmer No. 1470

P. O. Address Lone Springs

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.