

Registration District No. 46 Primary Registration District No. 4065

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Polo
(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 MO (b) County Caldwell 13
(c) City or town Polo (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert H. Toon
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 23
year _____ hour _____ minute _____ M.

4. Sex M. O 5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna Virginia Toon
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Nov. 6 1871 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-23-1944 to 1944 that I last saw her alive on 9-23 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 10 Days 17 If less than one day hr. _____ min. _____

Immediate cause of death: Cerebral Hemorrhage 12 hrs
Duration _____

9. Birthplace Louisville Ky. (City, town, or county) 10. Usual occupation _____ (State or foreign country)

Due to Hypertension
Due to Arteriosclerosis
Other conditions: (Include pregnancy within 3 months of death) \$30

11. Industry or business _____

Major findings: Of operations _____ Of autopsy _____

MOTHER FATHER
12. Name Wm. H. Toon
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name Lucille Stewart
15. Birthplace Ky. (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence 9-20
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant John Toon
(b) Address Polo MO
17. (a) Burial (b) Date thereof 9 25-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton MO

While at work? yes (Specify type of place) (c) Means of injury _____
23. Signature C. W. Wilson M.D. (M. D. or other)
Address Polo MO 9-25-44 Date signed _____

18. (a) Signature of funeral director Alopauht Cowley
(b) Address Polo MO
19. (a) Nov 1-1944 (Date received local registrar) (b) Corinne Garrett (Registrar's signature)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. 46 Primary Registration District No. 4065 Registrar's No. 601

1. PLACE OF DEATH: Caldwell
(a) County Caldwell
(b) City or town Palo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Albert H Poon
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 m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 6 1911
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days _____ If less than one day _____ min.

9. Birthplace Kentucky
(State or foreign country)

10. Usual occupation Subv.

11. Industry or business Subv.

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) Nov 1944 (b) C. J. Garrett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 23 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

Supplementary

MOTHER, FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

338107