

FILED DEC 13 1944

Registration District No. 22

Primary Registration District No. 4203

Registrar's No. 3275

1. PLACE OF DEATH:  
 (a) County Grundy Galt  
 (b) City or town Liberty Twp.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Liberty Twp.  
 (If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution.....  
 In this community Life  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Grundy 40  
 (c) City or town Galt Liberty Twp.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. none  
 (If rural, give location)  
 (e) Citizen of foreign country? No (If No)  
 If yes, name country U

3. (a) PRINT FULL NAME ERNEST TOLLE  
 3. (b) If veteran, name war L  
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 11 day 8  
 year 1944 hour 1 minute 28 P.M.  
 21. I hereby certify that I attended the deceased from  
11-1, 1944 to 11-8, 1944  
 that I last saw him alive on 11-7, 1944  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Nancy Tolle 6. (c) Age of husband or wife if alive 54 years  
 7. Birth date of deceased Feb 19 1882  
 (Month) (Day) (Year)

Immediate cause of death Pulmonary TB  
 Duration 25 yrs

8. AGE: Years Months Days If less than one day  
62 8 19 hr. min.

Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

9. Birthplace Galt Mo  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Farmer  
 11. Industry or business Farm

Major findings:  
 Of operations.....  
 Of autopsy.....  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 12. Name Daniel Tolle  
 13. Birthplace Ind  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lucy Cowhick  
 15. Birthplace Galt Mo  
 (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).....  
 (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? (Specify type of place) (e) Means of injury.....

16. (a) Informant Mrs Ernest Tolle  
 (b) Address Galt Mo  
 17. (a) Burial (b) Date thereof Nov 12-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Humphreys Mo  
 18. (a) Signature of funeral director D. J. Roberts  
 (b) Address Galt Mo  
 19. (a) 11-13-44 (b) D. J. Roberts  
 (Date received local registrar) (Registrar's signature)

23. Signature Y. C. Weston (M. D. or other)  
 Address Galt Mo Date signed 11-9-44

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

1330

**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 R.K. Payne Jr  
Licensed Embalmer No. 3400  
P. O. Address Galt

**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.**