

BUREAU OF THE CENSUS
FILED MAY 14 1945

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Laughlin Hospital
(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 Missouri (b) County Adair

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ollie May Toney

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1945 hour 9:30 minute P: M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Howard Toney

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 22 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 14, 1945, to April 21, 1945; that I last saw her alive on April 21, 1945; and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
<u>57</u>	<u>1</u>	<u>29</u>	hr. min.

Immediate cause of death Dissected
associated with gall bladder disease

Due to acute yb disease 2 weeks ago

Duration

9. Birthplace Centerville Iowa
(City, town, or county) (State or foreign country)

Due to _____

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

10. Usual occupation Home

Major findings: gal stones - resected into cholecystomy apparatus

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Wm. C. Toney

13. Birthplace Monroe Co. Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Laura Ellis

15. Birthplace Monroe Co. Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Toney

(b) Address Milan, Ill.

17. (a) Burial (b) Date thereof 4/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Butch Riley

(b) Address Kirksville, Mo.

19. (a) 4-28-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 g

23. Signature Carl Laughlin (M. D. or other) DO

Address Kirksville, Mo. Date signed 4-25-45

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

1
3
3

1049

RECEIVED

District Health Officer No. 10

District File Number 5-45-840

Date Filed MAY 10 1945

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 *D. E. Reilly*

Licensed Embalmer No. 4181

P. O. Address *Kokosville W*

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.