

FILED MAY 9 1945

Registration District No. 6

Primary Registration District No. 6243

Registrar's No. 28

1. PLACE OF DEATH:

(a) County CHARITON  
(b) City or town FOREST GREEN  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: FOREST GREEN  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 35-7-1 (Specify whether years, months or days)  
In this community 35-7-1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton  
(c) City or town Forest Green Mo.  
(If outside city or town limits, write "RURAL") 21  
(d) Street No. 21  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME CECIL TOOLEY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 500-03-5091

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife RUTH TOOLEY 6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased SEPT. 24, 1909  
(Month) (Day) (Year)

8. AGE: Years 35 Months 7 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace FOREST GREEN MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation COMMON LABOR

11. Industry or business FARM

12. Name OLLIE TOOLEY  
13. Birthplace CHARITON COUNTY MO.  
(City, town, or county) (State or foreign country)  
14. Maiden name KARRIE SAVAGE  
15. Birthplace GLASGOW MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Tooley  
(b) Address Forest Green Mo.

17. (a) Burial (b) Date thereof APR 28, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Green Mo.

18. (a) Signature of funeral director W. Glasgow  
(b) Address Glasgow Mo.

19. (a) 4/27/45 (b) J. A. Gehring  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25  
1945 year hour 3 minute 20 A.M.  
21. I hereby certify that I attended the deceased from April 20  
1945 to April 24 1945  
that I last saw him alive on April 24  
and that death occurred on the date and hour stated above.

Immediate cause of death MITRAL STENOSIS

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

Major findings: Of operations 92/5  
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)  
(c) Means of injury 2  
23. Signature J. A. Gehring (Print or other) Do.  
Address Glasgow, Mo. Date signed 4-25-45

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

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5/18/15

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 J. Walker Ainsley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.