. S. No. 2
OM—8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41053

FILED JAN 14 1946

Registration District No. 78 Primary Registration District No. 4165 Registrar's No. 101

31
1
0

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess 31
(c) City or town Gallatin 1
(If outside city or town limits, write "RURAL")
(d) Street No. ---- 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Virginia O'Toole
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John O'Toole
6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased April (Month) 6 (Day) 1856 (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	7	20	hr. min.

9. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name John A. Tuggle
13. Birthplace Crab Orchard (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Mariah Hemry
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Maytie McWilliams
(b) Address Gallatin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation Brown Cemetery
18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri
19. (a) Dec. 4-1945 (Date received local registrar) (b) Virginia M Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
year 1945 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 25 1945 to Nov. 26 1945
that I last saw her alive on Nov. 25 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of breast and Debility of age	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None 50	

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 L. R. Doolin (M. D. or other)
Address Gallatin Mo. Date signed 12-3-45

1559

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11.
District File Number .....
Date Filed .....

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 L. O. Richerson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.