

No. 2  
S-43  
5-17-39  
K37823

State File No. \_\_\_\_\_

FILED MAY 16 1946  
Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:  
3  
Corner McFarland & Craig Sts. Mexico, Mo.  
(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 Audrain 4

(c) City or town Mexico 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 614 E. Holms 2  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Carleton Toalson

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Feb. 18, 1938  
(Month) (Day) (Year)

8. AGE: Years Months Days  
8 - 15  
If less than one day hr. min.

9. Birthplace Mexico, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business \_\_\_\_\_

12. Name Ralph Toalson

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

14. Maiden name Carleton Larsen

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

16. (a) Informant Ralph Toalson

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 3/7/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Chris Arnold

(b) Address Mexico, Mo.

19. (a) March 7-46 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 5<sup>th</sup> day 5<sup>th</sup>  
year 1946 hour 5:30 minute 0 M.

21. I hereby certify that I attended the deceased from Coroner Case 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death By a Collision of a Bicycle ridden by the deceased and a Car driven by Albert Bartels which  
Due to us they found after hearing all evidence presented to us by the Coroner  
Due to find that the Collision was the result of an unavoidable accident  
Other conditions The body was found by Albert Bartels 60 ft North of  
(Include pregnancy within 3 months of death)

Major findings: Of operation: W. Bartels at on Craig St. The cause of death was a crushing left skull and a fractured neck of the upper Cervical vertebrae  
Underline the cause to which death should be charged statistically.

22. His death was due to external causes fit in the following:  
Mr. Albert Bartels, father of daughter  
(a) Accident, suicide, or homicide (specify) Chroma (Bill) gave roadblocks 4 4  
(b) Date of occurrence Accident by Coroner  
(c) Where did injury occur? Public St.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public St.  
(Specify type of place)

While at work? No (e) Means of injury Auto & Bicycle coroner

23. Signature S. C. Adams (M. D. or other) 2  
Address Mexico, Mo Date signed 3-6-46

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

4  
1  
2

RECEIVED

District Health Officer No. 10

District File Number 5-46-923

Date Filed MAY 14 1946

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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

*Chas. Amundson*

Licensed Embalmer No

*3569*

P. O. Address

*Quincy, Ill.*

**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.**