

No. 2  
8-43  
5-17-39  
1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 29 1946  
Registration District No. 149

Primary Registration District No. 1002

13400  
State File No. 1782  
Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
(Specify whether  
In this community 12 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Stafford 999  
(c) City or town St John 14  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? 21  
(Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Athol W. Toland

3. (b) If veteran, name war

no

3. (c) Social Security No.

none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Reata Allen Toland

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased February (Month)

4 (Day) 1908 (Year)

8. AGE:

Years 38 Months 2 Days 11  
If less than one day  
hr. min.

9. Birthplace

Stafford Co., Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation

farmer

11. Industry or business

MOTHER FATHER  
12. Name Harry Andrew Toland  
13. Birthplace Stafford Co., Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Polly Ann Leatherman  
15. Birthplace Stafford Co., Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. A. Toland  
(b) Address St. John, Kansas

17. (a) Buried (b) Date thereof 4-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St John, Kansas

18. (a) Signature of funeral director W. H. ...

(b) Address Kansas City, Kansas

19. (a) 4-16-46 (b) Stirling ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15  
year 46 hour minute M.

21. I hereby certify that I attended the deceased from April 3 1946 to April 15 1946  
that I last saw him alive on April 15 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Craniopharyngioma  
Occulted 3rd ventricle  
by cyst of craniopharyngioma 2-3 mo.

Due to 56 d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Craniopharyngioma  
Of operations (non malignant)  
Of autopsy

Duration 2-3 mo  
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Paul ... (M. D. or other) PA  
Address 1630 ... Date signed 4-16-46

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

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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.....

*George M. Malloy*

Licensed Embalmer No. *27987*

P. O. Address. *K. C. Kausas*

**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.**