

S. No. 2  
M-5-43  
5-17-39  
P I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20548

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

FILED JUN 25 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2583

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:  
St. Vincent's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days  
(Specify whether \_\_\_\_\_)

In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 3718 E. 36th. 8  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Stephen Lynn Toler

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 single

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

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

7. Birth date of deceased May 18 1946  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

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

MOTHER FATHER { 12. Name Robert Toler

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

14. Maiden name Aurice Canole

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

16. (a) Informant Robert Toler

(b) Address 3718 E. 36th.

17. (a) burial (b) Date thereof 5-31-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 E. 15th.

19. (a) 6-11-46 (b) St. Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1946 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
Pathologist.  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Hemolytic Anemia  
(M.M.S.)

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

Means of injury \_\_\_\_\_

23. Signature Walter H. Hester (M. D. or other) \_\_\_\_\_  
Walter Hester  
Address W. Hester Date signed 6-7-46

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

1946

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Robert Toler

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

MOTHER FATHER { 14. Maiden name Aurice Canole

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

16. (a) Informant Robert Toler

(b) Address 3718 East 36th St.

17. (a) Burial (b) Date thereof 5 31 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 East 15th St.

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

Marked External All  
Organs

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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.....

Address.....

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.

*Body so small was  
placed in rack -  
Eternal Embalming*

Signed.....

*W. B. Camp*

Licensed Embalmer No. ....

*2955*

P. O. Address.....

*19. C. 9th*

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.