

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

30123

FILED OCT 8 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell

(c) City or town West Plains
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James William Toler

3. (b) If veteran, name war WW II

3. (c) Social Security No. 487-09-2369

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 18 year 1946 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex m **5. Color or race** w

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

6. (b) Name of husband or wife Jo Toler

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased May 10 1914
(Month) (Day) (Year)

Immediate cause of death Gun shot wound in brain

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 164c

Of operations _____

Of autopsy _____

8. AGE:

Years	Months	Days	If less than one day
<u>32</u>	<u>3</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Noble Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Serum

12. Name Fred Toler

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

14. Maiden name Oliver Paynter

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

16. (a) Informant Mrs. Jo Toler

(b) Address West Plains, Mo

17. (a) 15 **(b) Date thereof** 8-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director Robertson

(b) Address West Plains, Mo

19. (a) 9-30-46 **(b)** Blady Harrison
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence August 18, 1946

(c) Where did injury occur? West Plains, Missouri
(City or town) (County) (State)

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

While at work? Yes **(c) Means of injury** gun

23. Signature Blady Harrison **(M. D. PROXEN)**

Address West Plains, Missouri **Date signed** 9/18/46

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

10-1-46

125

(Licensed Embalmer's Statement on Reverse Side)

HOGAN

NOV 2 1946

SEPT 8 1946

OCT 22 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. 3435

P. O. Address..... West Plains, 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.