

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3913

State File No. _____

Registrar's No. 157

Registration District No. 32

Primary Registration District No. 5714

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME EVELYN TOLBERT

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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec - 23, 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 1 29 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Walter J. Tolbert

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

14. Maiden name Leanne Lee Green

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

16. (a) Informant Walter J. Tolbert

(b) Address Greenbrier, Mo.

17. (a) Burial (b) Date thereof Feb. 23, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cato Cemetery, Greenbrier, Mo.

18. (a) Signature of funeral director Adelbert H. Van Buren

(b) Address Adelbert H. Van Buren

19. (a) 3-1-47 (b) Adelbert H. Van Buren
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger
(c) City or town Greenbrier
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1947 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from 1945 to 1947
that I last saw him alive on Feb. 15, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 2

23. Signature E. C. Masters (M. D. or other) so

Address Advance, Mo. Date signed 2-22-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

Health Officer No. Y
District File Number 347-354
Date Filed 3-12-47

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.....

Lloyd S. Morgan, Registered Apprentice No.
working under my personal supervision.

Signed.....

Lloyd S. Morgan

Licensed Embalmer No. 3381

P. O. Address Advance 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.