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FILED MAR 11 1947

Registration District No. 187

Primary Registration District No. 3023

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Moores Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME WILLIAM TOLES
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 2 2 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 0
If less than one day: _____ hr. _____ min.

9. Birthplace Fairfield MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name unborn

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

14. Maiden name _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant Moores Nursing Home

(b) Address Clinton MO

17. (a) Burial (b) Date thereof 3-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton MO

19. (a) 3-3-1947 (b) H.R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Benton
(c) City or town Fairfield MO
(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 3 day 2 year 1947 hour 9:00 minute _____ AM.

21. I hereby certify that I attended the deceased from 3/1 1947 that I last saw him live on 2013 months ago, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Aproplexy
Due to Atherosclerosis
Hypertension

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) (e) Means of injury _____

23. Signature Ed C. Beeler (M. D. or other) _____
Address Clinton MO Date signed 3/3/47

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

RECEIVED
District Health Officer No. 7,
District File Number 2-47-819
Date Filed 3-12-42

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 Fred W. Peterson, Registered Apprentice No. 434 (H.34) working under my personal supervision.

Signed Fred W. Peterson
Licensed Embalmer No. 2478
P. O. Address Clinton, 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.