

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **8401**

**FILED MAR 26 1947**

Registration District No. **82**

Primary Registration District No. **3017**

Registrar's No. **27**

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

**1. PLACE OF DEATH:**  
 (a) County **COOPER**  
 (b) City or town **BOONVILLE**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**ST. JOSEPH'S HOSPITAL**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **ONE DAY**  
(Specify whether years, months or days)  
 In this community **ONE DAY**

**3. (a) PRINT FULL NAME** **MARY BESSIE TOOLEY**  
**3. (b) If veteran, name war** **NONE** **3. (c) Social Security No.** **NONE**

**4. Sex** **FEMALE** **5. Color or race** **NEGRO** **6. (a) Single, widowed, married, divorced** **MARRIED**  
**6. (b) Name of husband or wife** **TONEY TOOLEY** **6. (c) Age of husband or wife if alive** **55** years  
**7. Birth date of deceased** **APRIL 28 - 1897**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	9	28	hr. min.

**9. Birthplace** **FOREST GREEN MISSOURI**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **HOUSEWIFE**

**11. Industry or business** **HOME**

**12. Name** **ERNEST WHITE**

**13. Birthplace** **FOREST GREEN MISSOURI**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **UNKNOWN**

**15. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **ANNA BEELE TOOLEY**

**(b) Address** **FOREST GREEN, MO.**

**17. (a) BURIAL** **(b) Date thereof** **13/1/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **FOREST GREEN, MO.**

**18. (a) Signature of funeral director** **STEGNER**

**(b) Address** **BOONVILLE, MO.**

**19. (a) 2-27-47 (b) [Signature]**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MISSOURI** (b) County **CHARITON**  
 (c) City or town **FOREST GREEN**  
(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 **FEBRUARY** day **26** th  
 year **1947** hour **11** minute **30** a.m.  
**21. I hereby certify that I attended the deceased from** **25 Feb 47**  
 \_\_\_\_\_, 19\_\_\_\_, to **26 Feb 47**, 19\_\_\_\_;  
 that I last saw him alive on **26 Feb 47**, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia (type)**  
 Duration **5 days**

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

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

Other conditions **10 yr**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations **None**

Of autopsy **None**

**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** **Anna E. von Ravensberg M.D.**  
 Address **329 Main St** Date signed **26 Feb 47**

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-27-47

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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.....

Licensed Embalmer No.....

P. O. Address.....

*James W. Stegner*  
*3780*  
*Boonville, 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.