No. 2
—1/47
3-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1947

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

17831
State File No.

Registration District No. 156 Primary Registration District No. 200 Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Route No. 4
(If outside city or town limits, write "RURAL")
(d) Street No.: Joplin Missouri
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: Chester W. (POp) Toliver
3. (b) If veteran, name war: No
3. (c) Social Security No.: 491-01-0117
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Edith Toliver
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: Feb. 22, 1887 (Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 10 If less than one day hr. min.
9. Birthplace: Abilene Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: salesman
11. Industry or business:
FATHER 12. Name: Lorenzo Toliver
13. Birthplace: Coles Co. Ill; (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lillie E. Leonard
15. Birthplace: New Hampshire (City, town, or county) (State or foreign country)
16. (a) Informant: L. H. Toliver
(b) Address: Concordia Kansas.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 5, 47. (Month) (Day) (Year)
(c) Place: burial or cremation: Osborne Mem. Cem.
18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address: Joplin Missouri
19. (a) 5-6-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature) 138

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May 2, 47. day 5/2/47 year hour 7-00 P.M. minute M.
21. I hereby certify that I attended the deceased from 4/30/47, 19..., to 5/2/47, 19...; that I last saw him alive on 5/2/47, 19...; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Peritonitis | 3 days |
| Due to: ruptured appendix. | |
| hypertension | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: ruptured appendix. | |
| Of autopsy: | |

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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? (Specify type of place)
While at work: (e) Means of injury: 0
23. Signature: (M. D. or other)
Address: Joplin Mo. Date signed 5/5/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-5-439

## 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 Perry K Hurlbert

*Licensed Embalmer No. 959

P. O. Address Joplin 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.**