No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31612

Registration District No. 156 Primary Registration District No. 2001 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: St. Johns
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 hours (Specify whether years, months or days)
In this community: 12 Hours

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 47
(c) City or town: Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 124 Connor ave 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Gary Lynn Tolliver
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 9th 1947 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day: 12 hrs hr. min.

9. Birthplace: Joplin Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation:
11. Industry or business:
12. Name (Father): Marvin Tolliver
13. Birthplace (Father): Henryetta Okla. (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Loyce Schink.
15. Birthplace (Mother): Joplin Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Marvin Tolliver
(b) Address: Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Memorial Park
18. (a) Signature of funeral director: Hurlebut Co
(b) Address: Joplin mo
19. (a) 8-11-47 (Date received local registrar) (b) Dolores Lamphins (Registrar's signature) 157

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1947 hour 4 minute A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: anoxemia	12 hrs.
Due to: accidental hemorrhage and	
Due to: placenta previa.	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 160C	

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):
(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: [illegible] (M. D. or ~~other~~) O.R.
Address: Joplin, Mo. Date signed:

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

47-8-720

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. Burbank

Licensed Embalmer No. 919

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.