. 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 NOV 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38599

Registration District No. 157 | Primary Registration District No. 3928 | Registrar's No. 235

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Street No. 205 N. Maple
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No.
In this community: 88 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 205 N. Maple, Carthage, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Anne Tosterud
3. (b) If veteran, name war: No.
3. (c) Social Security No.: No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Ole C. Tosterud
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 19 (Day) 1859 (Year)
8. AGE: Years 88 | Months 1 | Days 16 | If less than one day: hr. min.
9. Birthplace: Sondah, Norway (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: None.
MOTHER FATHER
12. Name: Tollak, Tollakson
13. Birthplace: Sondah, Norway (City, town, or county) (State or foreign country)
14. Maiden name: Bertha,
15. Birthplace: Sondah, Norway (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Ann Sparrow
(b) Address: Carthage, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Burial-Horton, Kan.
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: 1208 S. Garrison, Carthage, Mo.
19. (a) 11-7-1947 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th. year 1947 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 21, 1947, to Nov. 6, 1947; that I last saw her alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senile dementia	3 mo.
Due to: Generalized arteriosclerosis?	years
Due to:	
Other conditions. (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
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)
(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

23. Signature: Charles F. Sibell (M. D. or other) MD
Address: 347 S. Main, Carthage, Mo. Date signed: Nov. 7, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-11-859

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 Marion G. McCormick, Registered Apprentice No. 17, working under my personal supervision.

Signed Gene C. Pugh.

Gene C. Pugh.

Licensed Embalmer No. #4231

P. O. Address Carthage, Missouri.

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.