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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 6 1947

Registration District No. 33

Primary Registration District No. 4044

Registrar's No. 14

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

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Sturgeon
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County BOONE 10
 (c) City or town Sturgeon (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George Franklin Toolson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 5
 year 1947 hour 8 minute 25 P.M.
 21. I hereby certify that I attended the deceased from 5/2/47 1947 to Dec 5 1947
 that I last saw him alive on Dec 5 1947
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Madeline Toolson 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased Feb. 14 1872
 (Month) (Day) (Year)

Immediate cause of death Braeche Pneumonia Duration 3 1/2
 Due to Cancer Stomach 9 mo

| | | | | |
|-----------|-------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| <u>75</u> | | <u>9</u> | <u>22</u> | hr. _____ min. _____ |

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations H6
 Of autopsy _____

9. Birthplace Boone Co. Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

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? _____

MOTHER FATHER
 11. Industry or business _____
 12. Name John B. Toolson
 13. Birthplace Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Elizabeth Turner
 15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant George J. Higgins
 (b) Address Clark - Mo.
 17. (a) Burial (b) Date thereof Dec. 6-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

While at work? _____ (Specify type of place)
 Means of injury 0
 23. Signature J. R. M. Taylor (M. D. or _____)
 Address Sturgeon Date signed 12/6-47

18. (a) Signature of funeral director Wm. Pisgah
Banks & Booth
 (b) Address Sturgeon, Mo.
 19. (a) Dec 6-47 (b) Thelma J. Esteppe
 (Date received local registrar) (Registrar's signature)

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..... *A. E. Boothe*

Licensed Embalmer No..... *4087*

P. O. Address..... *Sturgeon, 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.