

No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42449

State File No. _____

FILED DEC 26 1947

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Versailles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Versailles Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME John M. Tolliver

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th
year 1947 hour 3 minute 00 a.m.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harriett Tolliver

6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased Oct. 3 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 7 1946 to Dec 9 1947
that I last saw him alive on Dec 8 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 2 Days 6
If less than one day _____ hr. _____ min.

Immediate cause of death Regenerative heart disease 7 yrs Duration 7 yrs

9. Birthplace Miller Co. Missouri
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Farmer

Other conditions arterial sclerosis
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Harrison Tolliver

13. Birthplace No Record Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Clara Cleveland

15. Birthplace No Record Indiana
(City, town, or county) (State or foreign country)

Major findings: 938

Of operations _____

Of autopsy _____

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

16. (a) Informant Melvin Tolliver

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof Dec. 10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Mo.

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? _____

18. (a) Signature of funeral director W. F. KIDWELL

(b) Address Versailles, Mo.

19. (a) 12-16-47 (b) J. L. Washburn
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____

(c) Means of injury _____

23. Signature A. J. Gunn (M. D. or other) _____
Address Versailles, Mo. Date signed 12/19/47

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

RECEIVED
DISTRICT HEALTH OFFICER
11.47-1463
13.22.42
Date Filed

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 Gene N. Bartram

Licensed Embalmer No. 4021

P. O. Address VERSA 465 No

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.