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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1948

Registration District No. 770

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44432

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County: Laclede

(b) City or town: Lebanon

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

(c) Name of hospital or institution: Wallace Hospital

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: St. Louis

(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: FRANCES P. TOZER

3. (b) If veteran, name war: Spanish American

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Irene Tozer

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: Dec. (Month) 2 (Day) 1878 (Year)

8. AGE: Years 69 Months Days 20 If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: retired policeman

11. Industry or business

FATHER 12. Name: Chas. Tozer

13. Birthplace: Ill. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Anastasia Nolan

15. Birthplace: Ireland (City, town, or county) (State or foreign country)

16. (a) Informant: F. P. Tozer, Jr.

(b) Address: 4452 McPherson, St. Louis, Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 12/23/47 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Louis, Mo.

18. (a) Signature of funeral director: Palmer

(b) Address: Lebanon, Mo.

19. (a) Jan. 10, 1948 (Date received local registrar) (b) Ora Trankenberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 22 year: 1947 hour: 5 minute: A M.

21. I hereby certify that I attended the deceased from 12-21-47, 19__, to 12-21, 1947 that I last saw him alive on 12-21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Brain concussion	
Internal injuries	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy

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): Accident

(b) Date of occurrence: 12-21-47

(c) Where did injury occur? Laclede, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? U. S. Highway #66 (Specify type of place)

While at work? (e) Means of injury: auto crash

23. Signature: R. E. Harrell (M. D. or other) MD

Address: Lebanon, Mo. Date signed: 12/23/47

(Licensed Embalmer's Statement on Reverse Side) Called with Mrs. Meade

FEB 2 1948

Received 1/17/48

[illegible] Health Unit

[illegible] 1-48-226

[illegible] filed 1/19/48

FEB 3 1948

FEB 4 1948

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 R. L. Palmer, Registered Apprentice No. 84, working under my personal supervision.

Signed S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.