. S. No. 2
0M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5790

FILED MAR 5 1948

Registration District No. 2980

Primary Registration District No. 4421

Registrar's No. 4

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

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Parkville Pettit
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Parkville, Missouri 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 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte 83
(c) City or town Parkville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Tolson
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 5
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Richard Tolson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 4, (Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Liberty, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Isaac Taylor
13. Birthplace Georgia 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Perkins
15. Birthplace Lexington, Kentucky 1
(City, town, or county) (State or foreign country)
16. (a) Informant Emma Williams
(b) Address Parkville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Parkville, Missouri
18. (a) Signature of funeral director Jethro Bros.
(b) Address 1729 Lydia Ave.
19. (a) 2-24-48 (Date received local registrar) (b) Ophia Rollins (Registrar's signature) 257

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th
year 1948 hour 8 minute 15 P M.

21. I hereby certify that I attended the deceased from 4/7, 1943, to 2/19, 1948
that I last saw her alive on 2/19/, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Congestion (pulmonary)
Due to Secondary to chronic myocarditis
Due to Senility
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 F. Casebolt D.D. (M.D. or other)
Address Parkville, Mo Date signed 2/20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
File Number 3-4-42

MAR 5 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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Bruce Riley

Licensed Embalmer No. 4500

P. O. Address 1729 Lydia Ave

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.