S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

7942

State File No. .....

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 323

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 6004 King Hill Ave. (home) (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years (Specify whether
In this community 47 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town 6004 King Hill Ave. (If outside city or town limits, write "RURAL")
(d) Street No. St. Joseph (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MARY PRUDENCE TOLES
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White W.J.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased June (Month) 15, (Day) 1860 (Year)

8. AGE: Years 87 Months 8 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Oskaloosa (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Home
FATHER
12. Name Martin Wymore
13. Birthplace Unknown (City, town, or county) Penn. (State or foreign country)
MOTHER
14. Maiden name Healey M. McMaines
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Mrs. John Burton (daughter)
(b) Address 6004 King Hill Ave., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City
19. (a) 3-16-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5, year 1948 hour 4 minute :30 A. M.
21. I hereby certify that I attended the deceased on March 4, 48 ....., 19..., to ....., 19...; that I last saw her alive on 3/4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Congestive Heart Failure	
Arteriosclerotic Heart Disease	
Due to	
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 Robert W. Kieber (M. D. ~~or other~~) MD
Address 209-210 P.S. Bldg. St. Joseph, Mo. Date signed 3-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.