1/47
17-39

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

National Office of Vital Statistics

FILED APR 12 1948

STANDARD CERTIFICATE OF DEATH

State File No. 8182

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 43

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs, Mo. (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: ~~XX~~ 10 mos. 11 days (Specify whether years, months or days)

In this community: 10 months, 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: St. Louis County, Missouri 0 (If outside city or town limits, write "RURAL")

(d) Street No.: 8322A Jennings, Rd. 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country: —

3. (a) PRINT FULL NAME: William A. Toombs

3. (b) If veteran, name war: WW I

3. (c) Social Security No.: 497055878

4. Sex: Male 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Mrs. Florence Toombs

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

7. Birth date of deceased: February 25 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	1	2	hr. min.

9. Birthplace: Mattoon, Illinois (City, town, or county) (State or foreign country) 1

10. Usual occupation: Salesman & Mechanic

11. Industry or business:

MOTHER FATHER

12. Name: unknown

13. Birthplace: unknown (City, town, or county) (State or foreign country) 9

14. Maiden name: unknown

15. Birthplace: unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Hospital Records, Veterans Administration, Excelsior Springs, Mo.

(b) Address:

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: March 27, 1948 (Month) (Day) (Year)

(c) Place: ~~Burial or cremation~~ or removal St. Louis, Missouri

18. (a) Signature of funeral director: VIRGIL HOPE, Undertaker

(b) Address: Excelsior Springs, Missouri

19. (a) 3/27/48 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 27 year: 1948 hour: 9:15 minute: ~~15~~ P. M.

21. I hereby certify that I attended the deceased from May 16, 1947, 1947 to March 27, 1948; that I last saw him alive on March 26, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of stomach with generalized peritoneal metastasis and perforation	6 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Pulmonary tuberculosis chronic active, far advanced	undetermin

Major findings:
Of operations: Carcinoma of stomach
Of autopsy: Carcinoma of stomach, pulmonary tuberculosis

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): no

(b) Date of occurrence: no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Jack M. Leopard M.D. (M. D. or other)

Address: Veterans Hospital Excelsior Springs Mo. Date signed: Mar 27, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 4-10-48

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 Jas A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.