FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5134

State File No. 22310

Registrar's No. 775

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: Rural, Washington Twsp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. # 2, St. Joseph (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph (rural) (If outside city or town limits, write "RURAL")

(d) Street No.: R.F.D. # 2, Washington Twsp (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: WILLIAM ELBERT TONEY JR.

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: July (Month) 16, (Day) 1948 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	2 hr. 6 min.

9. Birthplace: St. Joseph, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Infant

11. Industry or business: None

FATHER

12. Name: William Elbert Toney Sr.

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

MOTHER

14. Maiden name: Mary Ann Noellock

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

16. (a) Informant: William Elbert Toney Sr.

(b) Address: R.F.D. # 2, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/17/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Cemetery, City

18. (a) Signature of funeral director: John E. Rupp

(b) Address: 6054 Pryor Ave., City

19. (a) 7-22-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16, year 1948 hour 8 minute :00 P. M.

21. I hereby certify that I attended the deceased from July 16 - 6 P.M., 1948, to 8 P.M. July 16th 1948 that I last saw him alive on July 16th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Foramen Ovale Failed to Close	2 hrs.
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: John G. Swails (M. D. or other)

Address: Wathena Kans. Date signed July 17 - 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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~~ XXXX

....., Registered Apprentice No.....

...working under my personal supervision.

Signed John E. Kupp

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.