DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 31 1948

Registration District No. 198

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26921

Primary Registration District No. 4281

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Lewis

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

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

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

In this community 9 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Canton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 307 N. 6th 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EDNA SELBY TOOLEY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harry S. Tooley

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

7. Birth date of deceased Nov. 1 1886 (Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 25 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER 12. Name Edward Selby

FATHER 13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Emily Ludwig

MOTHER 15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Wm R. Waterston

(b) Address Canton, Missouri

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/28/'48. (Month) (Day) (Year)

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

18. (a) Signature of funeral director Joseph H. Berkley

(b) Address Canton Mo.

19. (a) 8-27-48 (Date received local registrar) (b) O. H. Jennings M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug. 22 1948 to Aug. 26 1948 that I last saw her alive on Aug. 25 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA OF UTERUS	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

185

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)

(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 O. W. Jennings (M.D. or other)

Address CANTON MO. Date signed 8-27-48

(Licensed Embalmer's Statement on Reverse Side)

SEP 9 1948

RECEIVED
District Health Officer File
District File Number 8-48-
Date Filed AUG 30 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 Earl H. Barkley

Licensed Embalmer No. 2615

P. O. Address Canton, Me

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.