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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1948

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31903

Primary Registration District No. 40 15

Registrar's No.

1. PLACE OF DEATH:
(a) County Atchison
(b) City or town Westboro
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Non resident (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Page 999
(c) City or town Rural 15
(If outside city or town limits, write "RURAL")
(d) Street No. Near Northboro 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry Rex Toland

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Esther Toland

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March (Month) 2cd (Day) 1892 (Year)

8. AGE: Years 56 | Months 7 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Astoria (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Milton Toland

13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name Eliza Middleton

15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Esthery Toland
(b) Address Northboro, Iowa

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Union Grove Cem

18. (a) Signature of funeral director [illegible]
(b) Address Westboro Missouri

19. (a) Oct 15 48 (Date received local registrar) (b) Betty [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13th
year 1948 hour 2 minute — P.M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____;
that I last saw h. alive on ____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE MYOCARDITIS — Duration

Due to

Due to

Other conditions ACUTE INDIGESTION
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Thos F Fay D.O. (M.D. or other)
Address Westboro Date signed 10-14-48
Coroner

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1953

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Ashley R Tucker, Registered Apprentice No. 478, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2824

P. O. Address Westhboro, Missouri

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.