

No. 300
10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32787**

FILED OCT 16 1948

Registration District No. **140**

Primary Registration District No. **3024**

Registrar's No. **57**

1. PLACE OF DEATH:
 (a) County **Howard**
 (b) City or town **Fayette**
(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
 In this community **15 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Howard** **45**
 (c) City or town **Fayette**
(If outside city or town limits, write "RURAL")
 (d) Street No. **E. Morrison St.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **-----**

3. (a) PRINT FULL NAME **Rosa Catherine Toalson Roberts**
 (b) If veteran, name war **----**
 (c) Social Security No. **----**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **September** day **21st.**
 year **1948** hour **11:00** minute **A.** M.
21. I hereby certify that I attended the deceased from **June 3**
1948, to September 21, 1948
 that I last saw her alive on **September 20, 1948**
 and that death occurred on the date and hour stated above.

4. Sex **Female** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **----** **6. (c) Age of husband or wife if**
 alive **----** years
7. Birth date of deceased **June 12, 1882**
(Month) (Day) (Year)

Immediate cause of death **Fractured rt hip** **Duration** **3 1/2 months**
 Due to **Fall**
 Due to **----**

8. AGE:	Years	Months	Days	If less than one day
	66	3	9	-- hr. -- min.

9. Birthplace **Boone County, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **At Home**

Other conditions **Diabetes Mellitus**
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations **relief**
 Of autopsy **10/14**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business **----**
12. Name **James Perry Toalson**
13. Birthplace **Boone County, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Catherine Buoy**
15. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Lance Overstreet**
(b) Address **New Franklin, Missouri**
17. (a) Burial **(b) Date thereof** **9/23/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **City Cemetery**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident** **45**
(b) Date of occurrence **June 3-48**
(c) Where did injury occur? **Home Howard, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? **Yes** (Specify type of place) **(c) Means of injury** **Fall**

18. (a) Signature of funeral director **Ralph A. Carr**
(b) Address **Fayette, Missouri**
19. (a) 10-2-1948 **(b) Dorothy Jean Lohm**
(Date received local registrar) (Registrar's signature)

23. Signature **[Signature]** (M. D. or other) **M.D.**
Address **Fayette, Missouri** **Date signed** **9-27-48**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-15-48

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.