

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution:  
947 N. Douglas  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... (Specify whether)  
In this community 27 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 947 N. Douglas  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mary Elizabeth Toland  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George H. Toland  
6. (c) Age of husband or wife if alive ? years  
7. Birth date of deceased May 16 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 7 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {  
12. Name Frank Whiteside  
13. Birthplace Thayer Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Polly Ann Woodrige  
15. Birthplace Mammoth Springs Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant George H. Toland  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 12/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-28-48 (b) W.E. Handley md  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26  
year 1948 hour 8 minute 30p M.  
21. I hereby certify that I attended the deceased from 1940  
19... to Dec 26 1948  
that I last saw h. ER alive on Dec 26 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (S) Duration 10 DAYS  
Due to arterial wall fragility  
Due to Intermittent Arterial Hypertension 1 yr  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy S-36  
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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature William J. Campion (M. D. or other) W.J.  
Address Springfield Mo. Date signed 12-27-48

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

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**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..... *Walter E. Hammit* .....

Licensed Embalmer No..... 3808 .....

P. O. Address..... Springfield, 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.