

No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10600

Registration District No. 163

Primary Registration District No. 40951

Registrar's No. 23

1. PLACE OF DEATH: Cedar
 (a) County Cedar
 (b) City or town El Dorado Springs
 (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) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community: _____ (Specify whether _____)
 years, months or days 2 11

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County CEGAR
 (c) City or town EL DORADO SPRINGS
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME HERBERTA TOLEA
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 20
 year 1940 hour 5 minute 45 A.M.

4. Sex FEMALE 5. Color or race White
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife H. T. TOLEA
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased JANUARY-9-1876
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 9 1940 to March 20 1940
 that I last saw her alive on Jan 19 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 2 11 hr. _____ min.

Immediate cause of death Cardiac
asthma
 Duration _____

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

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name R. N. MILLSAP
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name ELIZABETH BURCHETT
 15. Birthplace MISSOURI
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant G. R. Toles
 (b) Address El Dorado Springs Mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof Mar 22 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation FREEMAN (Cem) Sider

(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 _____

18. (a) Signature of funeral director G. R. Toles
 (b) Address El Dorado Springs Mo

23. Signature W. B. Crawford (M. D. or other)
 Address El Dorado Springs Date signed March 21 1940

19. (a) Mar 21 1940 (b) W. B. Crawford
 (Date received local registrar) (Registrar's signature)

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

RECEIVED
Officer No. 7,
District Health 4-40-563
District File Number 4-8-40
Date Filed

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 _____

Licensed Embalmer No. 2350

P. O. Address Edwards Springs W.

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, above space should be left blank: