

Registration District No. \_\_\_\_\_

**FILED JUL 17 1940**

Primary Registration District No. 4222

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Howard,

(b) City or town Fayette, Mo.  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Alma Belle Tolson, 425

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female Color Black

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased July 16 1920  
(Month) (Day) (Year)

8. AGE: Years 19 Months 10 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home,

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Ernest Tolson,

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

14. Maiden name Anna Hill,

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

16. (a) Informant Ernest Tolson,

(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 6-16th 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery,

18. (a) Signature of funeral director Guy T. Halley,

(b) Address Fayette, Mo.

19. (a) July 8, 1940 (b) Mrs. V. C. Bonham  
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard,

(c) City or town Fayette,  
(If outside city or town limit, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1940 hour 6 20 minute N. M.

21. I hereby certify that I attended the deceased from April 23  
1940, to June 14, 1940  
that I last saw him alive on June 3, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Tuberculous peritonitis 2 mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 25

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Tuberculous peritonitis  
Of operations card. ascert.

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? 339

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury.

23. Signature Mrs. J. Phaw (M. D. or other) IMD

Address Fayette Mo Date signed 6-15-40

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

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 7-15-40

**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 Guy T. Kelley  
Licensed Embalmer No. 2766  
P. O. Address Lytle

**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.