

JAN 10 1941 399

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH: JACKSON
 (a) County JACKSON
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 5542 Forest
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community 60
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME: Samuel G. Toub
 (b) If veteran, name war: none
 (c) Social Security No.: none

4. Sex: Male
 5. Color or race: white
 6. (a) Single, widowed, married, divorced: Married
 (b) Name of husband or wife: ELIZABETH
 (c) Age of husband or wife if alive: 64 years
 7. Birth date of deceased: Sept 25, 1870
 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 25 hr. min.

9. Birthplace: Prussia
 (City, town, or county) (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business: Life Insurance

12. Name: Dant Bryan

13. Birthplace: Dant Bryan
 (City, town, or county) (State or foreign country)

14. Maiden name: Dant Bryan
 (City, town, or county) (State or foreign country)

15. Birthplace: Dant Bryan
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Elizabeth Toub
 (b) Address: 5542 Forest

17. (a) BURIAL (Burial, cremation, or removal)
 (b) Date thereof: DEC 22, 1940
 (Month) (Day) (Year)

(c) Place: burial or cremation: MT. CARMEL

18. (a) Signature of funeral director: J. P. Squire Fun. Home
 (b) Address: 3400 Woodland Ave.

19. (a) 12-20-40 (Date received local registrar)
 (b) M. M. Browe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: JACKSON
 (c) City or town: KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 5542 Forest
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20-40
 year hour minute M.

21. I hereby certify that I attended the deceased from 4-15-40 to 4-15-40, 1940.
 I saw the deceased alive on 4-15-40 and death occurred on the date and hour stated above.
 I declare cause of death: Slight wound of head

Due to: 167

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Inspection
 Of autopsy: Inspection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Suicide

(b) Date of occurrence: 12-20-40

(c) Where did injury occur?: K.P. (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 361

23. Signature: H. C. PRO. (M. D. or other)
 Address: K. P. Mo. Date signed:

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 G. L. Lewis

Licensed Embalmer No. 8110

P. O. Address K.C. 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.