

APR 10 1941
Registration District No. **5955**

Primary Registration District No. **4853**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Montgomery**
(b) City or town **Wellsville Mo**
(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 **1** (Specify whether
In this community years, months or days) (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mirria Tossick**

8. (b) If veteran, name war **L** 8. (c) Social Security No. **L**

4. Sex **F** 5. Color or race **Bl** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John Tossick** 6. (c) Age of husband or wife if alive **18 1/2** years

7. Birth date of deceased **April 1894**
(Month) (Day) (Year)

8. AGE: Years **93** Months **L** Days **-** If less than one day hr. min.

9. Birthplace **Montgomery MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

MOTHER FATHER

12. Name **Andrew Tossick**
13. Birthplace **Callaway, Mo**
(City, town or county) (State or foreign country)

14. Maiden name **Ann Tossick**
15. Birthplace **Montgomery Mo**
(City, town or county) (State or foreign country)

16. (a) Informant's own signature **Ann Tossick**
(b) Address **213 N 7th E Kansas City**

17. (a) **Buried** (b) Date thereof **3-11-41**
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **Wellsville Mo**

18. (a) Signature of funeral director **Wellsville Mo**
(b) Address **Wellsville Mo**

19. (a) **March 11, 1941** (b) **Mrs Mike McDeernoth**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Montgomery**
(c) City or town **Wellsville**
(If outside city or town limits, write "RURAL")
(d) Street No. **D**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **9**
year **1941** hour **1** minute **55 PM**

21. I hereby certify that I attended the deceased from **March 4**, 1941, to **Mar 9**, 1941,
that I last saw her alive on **Mar 9**, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchitis - Pneumonia** Duration **2 1/2**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 **J. G. Beal** (M. D. or other) _____
Address **Wellsville Mo** Date signed **3-11-41**

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

my self _____
working under my personal supervision

....., Registered Apprentice No.

Signed *A. B. Yelle*

Licensed Embalmer No. *1588*

P. O. Address *Weller ville n*

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.