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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24657

Registration District No. 93

Primary Registration District No. 4055

Registrar's No. 21

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

3
0
0

1. PLACE OF DEATH:

(a) County Caldwell,

(b) City or town Braymer, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: North Main Street, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community Past sixty five years,

2. USUAL RESIDENCE OF DECEASED: 013 0 0

(a) State Missouri, (b) County Caldwell

(c) City or town Braymer, (If outside city or town limits, write "RURAL")

(d) Street No. North Main Street, (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Hugh Michael Toland,

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male, 0

5. Color or race White, 1

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

6. (b) Name of husband or wife Mrs. Belle Toland,

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March-21st.-1856 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	4	7	hr. min.

9. Birthplace Harrison County,- Ohio. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Hardware Merchant,

11. Industry or business Hardware-Lumber-Merchant,

FATHER
12. Name Joseph S. Toland,
13. Birthplace Not Known, 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Slemons,
15. Birthplace Not Known, Iowa. 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Jones,

(b) Address St. Joseph, Mo.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July,-30-41 (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery

18. (a) Signature of funeral director E. P. Michael

(b) Address Braymer, Mo.

19. (a) July 30-41 (Date received local registrar) (b) H. H. Patterson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1941 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Hall, 1921, to July-28-, 1941, that I last saw him alive on , 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

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) None

(b) Date of occurrence None

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Cardinal B. Hockey (M. D. or other)

Address Braymer Mo Date signed 7/29/41

(Licensed Embalmer's Statement on Reverse Side)

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, [redacted] ---------- Registered Apprentice No. ---------- working under my personal supervision.

Signed E. P. Michael

Licensed Embalmer No. 1363,

P. O. Address Braymer, Mo.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.