

FILED JUL 27 1942

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2732

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: **3508 Flora**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **32 years**
(Specify whether years, months or days)

In this community **32 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **3508 Flora** **8**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME: **George Nicholas Toelle**

3. (b) If veteran, name war: **No** 3. (c) Social Security No. **#703-03-8222**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife: **Grace V. Toelle** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased: **Nov. 14, 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	8	1	hr. _____ min. _____

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

10. Usual occupation: **Information Bureau**

11. Industry or business: **K. C. Terminal R. R.**

12. Name: **Henry B. Toelle**

13. Birthplace: **New York** (City, town, or county) (State or foreign country) **1**

14. Maiden name: **Anna Daniels**

15. Birthplace: **Wis.** (City, town, or county) (State or foreign country) **1**

16. (a) Informant: **Mrs. Grace V. Toelle**

(b) Address: **3508 Flora**

17. (a) **Burial** (b) Date thereof: **7-18-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Paola, Kans.**

18. (a) Signature of funeral director: **Thos. E. Quirk**

(b) Address: **4316 Troost**

19. (a) **7-17-42** (b) **In bronze**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15**
22 year **42** hour **4** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **1920** to **July 15** 19**42**
that I last saw him alive on **July 15** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocarditis, etc** **5 yrs**
Due to: **Influenza** **1936**

Due to: _____
Other conditions: **Arterio-sclerosis** **5 yrs**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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): **No**
(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: **E. W. Shurber** (M. D. or other) **D**
Address: **900 Rialto Bldg** Date signed: **7-17-42**

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

48
200

MC

201

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 *Thomas E. Quirk*

Licensed Embalmer No. *3775*

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.