U. S. No. 2
PM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31606

State File No.

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 86

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural ~~Nevada~~ Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Hosp # 3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 12 yrs 3 mos. 26 das.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 108 0 0

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

(d) Street No. Unknown
(If rural, give location)

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

3. (a) PRINT FULL NAME Rose Toth

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife Joseph Toth

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

7. Birth date of deceased ? (Month) ? (Day) 1875 (Year)

8. AGE: Years 67 Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Unknown

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Hosp record

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation State Hosp Cemetery

18. (a) Signature of funeral director Hays Funeral Service

(b) Address Nevada, Mo.

19. (a) Sent 4 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year 1942 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 7 1930, to Sept 3 1942, that I last saw her alive on Sept 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial insufficiency — Duration

Due to Coronary Sclerosis

Due to

Other conditions Dementia praecox
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Myocardial degeneration + coronary sclerosis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. L. Martin (M. D. ~~coroner~~)

Address St Hosp # 3 Date signed 9/3/42

12-31 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-42-1085
Date Filed 10-6-42

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~~ Not Embalmed

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.