

FILED NOV 16 1942

Registration District No. 140

Primary Registration District No. 5545

Registrar's No. 38

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

1. PLACE OF DEATH: Howard

(a) County \_\_\_\_\_

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community for 1/2 year  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howard

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

8. (a) PRINT FULL NAME CAROLINE TOLSON

8. (b) If veteran,  name war \_\_\_\_\_

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2  
year 1942 hour 8:20 minute a M.

21. I hereby certify that I attended the deceased from July, 1940, to Oct. 24, 1942.

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Chas Tolson 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

that I last saw her alive on Oct. 24, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years abt 60 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Cardiac decompensation Duration 2 m.

9. Birthplace Howard Co Mo  
(City, town, or county) (State or foreign country)

Due to Cardio-vascular revascular disease

Due to \_\_\_\_\_

10. Usual occupation Housewife

Other conditions hypertension  
(include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Alfred Davis

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

14. Maiden name Agnes Bradley

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

Major findings: none 13/a

Of operations \_\_\_\_\_

Of autopsy none

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Cornelia Stapleton

(b) Address Fayette, Mo

17. (a) Buried (b) Date thereof 11-5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette City Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director J. P. M. Gray

(b) Address Glasgow, Mo

19. (a) 11-6-42 (b) Thomas S. Conway  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0 mal

28. Signature M. P. Leech (M. D. or other) mal

Address Fayette, Mo Date signed Nov. 4, 1942

6761-7237

DEC 3 - 1942

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number \_\_\_\_\_

Date Filed 11-14-42

**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.....

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

working under my personal supervision.

Signed W P M Crary

Licensed Embalmer No. 3153

P. O. Address Glasgow, 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, above space should be left blank.