

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37877

State File No.

193

Registrar's No.

FILED DEC 9 1942

Registration District No. 994

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. Taylor
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Barbara Tolson

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex female 5. Color or race Negro 6. (a) Single, widowed, married, divorced..... 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased September 6 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 27 hr. min.

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

10. Usual occupation child

11. Industry or business

12. Name John Tolson

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

14. Maiden name Mary Elizabeth Smith

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

16. (a) Informant Mrs. Blanch Smith

(b) Address Huntsville, Mo.

17. (a) burial (b) Date thereof 11/4/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville

18. (a) Signature of funeral director Tom O. Patton

(b) Address Huntsville, Mo.

19. (a) 11-19-42 (b) Irma Nave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2
year 1942 hour 9:30 P.M. minute..... M.

21. I hereby certify that I attended the deceased from Nov. 2 1942 to Nov. 2 1942
that I last saw her alive on Nov. 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Interruption of Samuel Duration 3 do

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 G. Penn McCormick (M. D. or other) M.D.

Address..... Date signed 11-19-42

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

88
6
3

88
6
3

MOTHER FATHER

1026

RECEIVED

District Health Officer No. 10

District File Number 12-43-3088

Date Filed DEC 7 1942

DEC - 7 1942

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Tenn

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.