

S. No. 2
M-5-42
5-17-39
I X32873

10093

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 8 1943

5370

39

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town "Rural" Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8 Miles N.E. Gallatin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Most of Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31
(c) City or town "Rural"
(If outside city or town limits, write "RURAL.")
(d) Street No. 8 Miles N. E. Gallatin, Mo.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Wesley Tolbert

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ada Tolbert 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased September 18 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 6 10 hr. min.

9. Birthplace Monroe County / West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charles Alex Tolbert

13. Birthplace Unknown / Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Meadows

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

16. (a) Informant Roy Tolbert

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 3-31-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Furn. & Unfd. Co.
(b) Address Gallatin, Mo.

19. (a) 4-2-1943 (b) B. Dickerson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 28
year 1943 hour about 8 minute A. M.

21. I hereby certify that I attended the deceased from did not attend until 18 days before death
that I last saw him alive on March 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

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?

23. Signature B. Bailey - Corner 7 Daviess Co. (Specify type of place) (e) Means of injury 2

Address Jaunport, Mo (M. D. or other) 100
Date signed 4-2-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1084

(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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L. O. Richerson

Licensed Embalmer No. *3302*

P. O. Address. *Fallotus, 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.