

FILED MAY 3 1943

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 17119

1. PLACE OF DEATH:

(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: General Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 5 hours (Specify whether  
In this community All his life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 87th and Hillcrest Road,  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME Joseph W. Toliver

3. (b) If veteran, name war NO 3. (c) Social Security No. 495-24-7780

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

6. (b) Name of husband or wife Mrs. Nora Toliver 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased 11-25-1889  
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation Truck Driver  
11. Industry or business Pratt & Whitney Const. Co.

12. Name George McClain Toliver,

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

14. Maiden name Julia Thomas,

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

16. (a) Informant Mrs. Nora Toliver,

(b) Address 87th and Hillcrest Rd., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) Forest Hill Cemetery (b) Date thereof 4-10-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Stine & McClure,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-9-43 (b) M. M. O'Connell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th  
year 1943 hour 3:50 minute P. M.

21. I hereby certify that I attended the deceased from 19 to 19 ;  
that I last saw him Deputy Coroner ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Auto Traumatism  
Due to Multiple fracture of ribs, bilateral  
Due to hemorrhage

Other conditions (Include pregnancy within 3 months of death) 170°C

Major findings: Of operations See Above

Of autopsy See Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence April 7, 1943

(c) Where did injury occur? Kan. City, Jackson Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

While at work? yes (Specify type of place) (e) Means of injury Trauma

23. Signature D. E. Ashero (M. D. or other)

Address 23rd McEoy Date signed 4/7/43

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

MOTHER FATHER

MAR 1 1944

MAY 4 1943

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 *J. Clair Support*  
Licensed Embalmer No. *4179*  
P. O. Address *46 St.*

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.