

S. No. 2  
M-1-4-41  
v. 5-17-39  
I X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14440**  
Registrar's No. **32**

**FILED MAY 8 1943**  
Registration District No. **4235**

Primary Registration District No. **4235**

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

1. PLACE OF DEATH:  
(a) County Holt  
(b) City or town Oregon  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 47 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Virginia Tochterman  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Andrew Tochterman 6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased March 25 1874  
(Month) (Day) (Year)

8. AGE: Years 69 Months 23 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name William Bender  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Mattie Jane Zachary  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Tochterman  
(b) Address Oregon, Mo.

17. (a) Burial (b) Date thereof April 20, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oregon, Mo.

18. (a) Signature of funeral director James K Pettigrove  
(b) Address Oregon, Mo.

19. (a) 4-20-43 (b) Pauline Dawson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Holt  
(c) City or town Oregon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 17  
year 1943 hour 8 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from April 17 1943 to April 17 1943  
that I last saw her alive on April 17 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death arterial insufficiency  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none  
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? no injury  
(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. F. Kennedy (M. D. or other)  
Address 224 W. 2nd Date signed 4/19/43

(Licensed Embalmer's Statement on Reverse Side)

1181

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**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.....

*James H. Pettijohn*

Licensed Embalmer No.....

*3192*

P. O. Address.....

*Oregon, 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.**