

FILED OCT 20 1943 4

Registration District No. _____

Primary Registration District No. 4061

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Braymer Mo.
(c) Name of hospital or institution: Braymer Mo.
(d) Length of stay: In hospital or institution...
In this community... yes - 26 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Braymer Mo.
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME GARRISON HARKER TOOMAY

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

4. Sex Male
5. Color or Race white
6. (a) Single, widowed, married, divorced, or single
6. (b) Name of husband or wife Mary Elizabeth Toomay
6. (c) Age of husband or wife if alive, deceased, or years
7. Birth date of deceased April 2 1907

8. AGE: Years 76 Months 5 Days 4

9. Birthplace Ray Mo.

10. Usual occupation Farmer

11. Industry or business Farming

12. Name GARRISON HARKER TOOMAY

13. Birthplace BRAYMER Mo.

14. Maiden name Martha Barron

15. Birthplace Caldwell Co Mo.

16. (a) Informant John E. Michael

(b) Address Braymer Mo.

17. (a) Burial (b) Date thereof Sept 16 - 1943

(c) Place: burial or cremation Braymer Mo.

18. (a) Signature of funeral director Bernard Friend

(b) Address Braymer Mo.
19. (a) 9/10/43 (b) E. A. Thompson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6th year 1943 hour 11:40 minute P M.

21. I hereby certify that I attended the deceased from Aug - 30 - 1943 to Sept - 6 - 1943 that I first saw him alive on Sept 16 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Pteriosis Sclerosis

Other conditions: Cerebral & Hooley
Major findings: None
Of operations: None
Of autopsy: None

Duration
PHYSICIAN
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) None
(b) Date of occurrence None
(c) Where did injury occur? None
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

23. Signature: Cardinal B. Bradley (M. D. or other)
Address: Braymer Mo. Date signed 9/28/43

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

MOTHER FATHER

1151

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 J. Mead

Licensed Embalmer No.

2801

P. O. Address

Braymer

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.