

ED NOV 15 1943 274

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 329

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bothwell Memorial
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) about six hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 1601 So Ohio
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Beverly Jean Toliver.

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 Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 15 1943
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name Thomas Wilburn Toliver.

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

14. Maiden name Betty Jeanne Sullivan

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

16. (a) Informant Mrs. R. L. Beymer

(b) Address 1601 South Ohio

17. (a) Burial (b) Date thereof 10/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill, Sedalia.

18. (a) Signature of funeral director Ewing Funeral Home

(b) Address 117 West 7th Street.

19. (a) 10/18/43 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1943 hour 12: minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 15 1943 to Oct 16 1943
that I last saw her alive on Oct 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Alatolchias

Due to Prematurity

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 159

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)

(a) Means of injury _____

23. Signature A. L. Walter (M. D. or other) M.D.

Address Sedalia Mo Date signed 10/16-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-2-43

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 John E. Myers
Licensed Embalmer No. 3229
P. O. Address Sebekia, 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.

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