

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15360

FILED MAY 11, 1944

Registration District No. 294

Primary Registration District No. 5853-3078

Registrar's No. 862

1. PLACE OF DEATH:

(a) County Madawaski
(b) City or town Manville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Harold Dean Tolbert

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Sept 1 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 7 7 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name L. R. Tolbert
13. Birthplace Holt County Mo
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Helen
15. Birthplace Stony Mo
(City, town, or county) (State or foreign country)

16. (a) Informant L. R. Tolbert
(b) Address Manville Mo

17. (a) Burial (b) Date thereof 4-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Manville

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Manville Mo

19. (a) 4-18-44 (b) Amy Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madawaski
(c) City or town Manville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) Rural
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1944 hour 3 minute ? M.

21. I hereby certify that I attended the deceased from July
10 1943 to April 3 1944
that I last saw him alive on April 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Tuberculosis
Tuber culicis

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury: _____

23. Signature H. M. Haller (M. D. or other) MO
Address Manville Mo Date signed 4-6-44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

1381

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

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.....

William Campbell

Licensed Embalmer No. *2620*

P. O. Address *Marietta Ga*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 621

Registration District No. 251 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Manly
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Harold O. Talbot

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased Sept 1919
(Month) (Day) (Year)

8. AGE: Years 29 Months 7 Days 2 If less than one day _____ min.

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

10. Usual occupation farmer & painter

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Date thereof _____
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) Queen Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Year 1948 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) _____

(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) (e) Means of injury _____

26. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTAL

15360