

FILED JAN 9 1946

Registration District No. *795*

Primary Registration District No. *5714*

Registrar's No. *27*

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township) *Jane P. Pirelli*
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 16 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town South West City Mo.
(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 _____

3. (a) PRINT FULL NAME William H. Toburen

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

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

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

7. Birth date of deceased April 3 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 5 If less than one day
hr. _____ min. _____

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

10. Usual occupation Common Labor

11. Industry or business _____

MOTHER FATHER
12. Name J. W. Toburen
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Stirnks
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant John Gardner
(b) Address Southwest City, Mo.

17. (a) Burial (b) Date thereof Dec 10 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Southwest City, Cem.

18. (a) Signature of funeral director W. M. Mame
(b) Address Wheaton, Missouri

19. (a) 1-5-46 (b) Mr. B. E. Bradley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1945 hour _____ minute _____ a. M.

21. I hereby certify that I attended the deceased from 6 o'clock to 10:45 o'clock, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death General
hemorrhage Duration 1 hr

Due to _____

Due to _____

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

Major findings: Of operations gno 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? _____

(Specify type of place) (e) Means of injury D
23. Signature L. B. Bradley (M. D. or other) _____
Address Southwest City, Mo. Date signed 12/18/45

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 Wm. Maria Rognie
Licensed Embalmer No. 3447
P. O. Address Wheaton, 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.