DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42706

Registration District No. 956 Primary Registration District No. 6208 Registrar's No. 6

1. PLACE OF DEATH:

(a) County: Texas

(b) City or town: Summersville, Mo
(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: No (Specify whether
In this community: 54 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Texas 107

(c) City or town: Summersville, Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Frank E. Toll

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Stella M. Toll

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: March 23, 1873
(Month) (Day) (Year)

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

9. Birthplace: (City, town, or county) Kansas (State or foreign country) /

10. Usual occupation: Blacksmith

11. Industry or business:

MOTHER FATHER

12. Name: William R. Toll

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

14. Maiden name: Mary Birdsell

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

16. (a) Informant: Stella M. Toll

(b) Address: Summersville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 4-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Arroll Cem.

18. (a) Signature of funeral director: John F. Amen

(b) Address: Mountain View, Mo

19. (a) Nov 7-45 (Date received local registrar) (b) Mrs Myrtle Craig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 27th year 1945 hour 10 minute p M.

21. I hereby certify that I attended the deceased from Aug 7 / 45, 19 to Oct 27 / 45, 19 that I last saw h(M) alive on Oct 2 / 45, 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion

Due to: Apoplexy

Due to: Hypertension

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

Major findings:
Of operations: 0 4 0

Of autopsy:

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):

(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)

While at work? (e) Means of injury:

23. Signature: Dr Lavern Gupta (M. D. or other) D.O.

Address: Summersville Date signed: Oct 29

1546 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No 5,
District File Number 1245.45.4
Date Filed 12.29.45

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 G. Duncan

Licensed Embalmer No. 2516

P. O. Address Mt Vernon Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jaw

Registration District No. 354 Primary Registration District No. 6208 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Summersville
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME Frank E. Tall

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 M

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar 23, 1873
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

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) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Mrs C. E. Murfin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h 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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

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

42706