

S. No. 30
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

15126
State File No. _____
Registrar's No. 326

FILED APR 27 1948
Registration District No. 326

Primary Registration District No. 4482

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

1. PLACE OF DEATH:

(a) County Scotland

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

(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 42 yrs
years, months or days

3. (a) PRINT FULL NAME Hiram Thomas Tolson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 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 Oct 4 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation salesman

11. Industry or business _____

MOTHER FATHER

12. Name Mason Tolson

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

14. Maiden name Mary M. Wadd

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

16. (a) Informant Bell Sturges

(b) Address Memphis, MO

17. (a) Burial (b) Date thereof Apr 12 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis

18. (a) Signature of funeral director Walter Baker

(b) Address Memphis, MO

19. (a) 4/15/48 (b) OTM Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scott

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

(d) Street No. _____ (If rural, give location) _____

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan
_____, 1944, to Apr 6, 1948;

that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to _____

Due to _____

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

Major findings:
Of operations 936

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) (c) Means of injury _____

23. Signature OTM Baker (M. D. or other) _____

Address Memphis Date signed 4/15/48

RECEIVED
District Health Officer No. 10
District File Number 4-48-760
Date Filed APR 26 1948

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 Fred Guth

Licensed Embalmer No. 4256

P. O. Address Memphis 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.