

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36298**

Registration District No. **148**

Primary Registration District No. **3024**

Registrar's No. **73**

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

1. PLACE OF DEATH:

(a) County Howard

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

(c) Name of hospital or institution:
200 S. Mulberry St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community 73 yrs. 5 mo 27 da. (Specify whether years, months or days)

3. (a) PRINT FULL NAME ARTHUR 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 Widowed

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

7. Birth date of deceased 5-14-1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 27
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

MOTHER FATHER

11. Industry or business _____

12. Name Reuben Tolson

13. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Boone

15. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie B. Gandy

(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 11-14-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette, Mo.

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia, Missouri

19. (a) 11-20-1948 (b) Samuel J. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

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

(d) Street No. 200 Mulberry
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1948 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from June
1948 to Nov 11 1948
that I last saw her alive on Nov 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 2 hrs.

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? 0

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Dr. Fleech (M. D. or other) MD
Address Fayette, Mo. Date signed 11/24/48

RECEIVED

District Health Officer No. 8,

File Number

Filed

11-27-48

DEC 1 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

Bliss D. Parker

Licensed Embalmer No.

2990

P. O. Address

Columbia, 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.