

FILED DEC 16 1942
296

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41724

State File No. _____

Registration District No. _____

Primary Registration District No. 4444

Registrar's No. 19

89
0
0

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

1. PLACE OF DEATH:

(a) County RAY County

(b) City or town CAMDEN
(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 All of his life (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME EDWARD TONER

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

4. Sex Male 5. Color or race White

6. (a) Single (b) Married (c) Divorced

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

7. Birth date of deceased October 27 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>0</u>	<u>7</u>	_____ hr. _____ min.

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

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER { 12. Name FRANCIS S TONER

{ 13. Birthplace Philadelphia Penn
(City, town, or county) (State or foreign country)

{ 14. Maiden name MARTHA M. WALKER

{ 15. Birthplace CAMDEN Mo
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. PAUL EVANS

(b) Address CAMDEN Mo

17. (a) BURIAL (b) Date thereof Nov 6 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CRAVEN CEMETERY

18. (a) Signature of funeral director C. N. Gibson

(b) Address ORRICK Mo

19. (a) 11/6/42 (b) W. E. Simmons
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County RAY

(c) City or town CAMDEN
(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 NOV day 4
year 1942 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov 4 1942
to Nov 4 1942
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration _____

Due to _____

Due to arterio-sclerosis

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

Major findings: 820

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 _____

23. Signature E. E. Gay (M. D. or other) _____
Address Richmond Mo signed 11-5-42

40

1228

Health Officer No. 8,

District File Number _____

Date Filed 12-14-42

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 me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed C.V. Gibson

Licensed Embalmer No. 2299

P. O. Address Quincy 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.