

SEP 8 1941
Registration District No. _____

Primary Registration District No. 3011

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
202 S. K.C. Ave.
(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 10 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 024
(c) City or town Excelsior Springs 1
(If outside city or town limits, write "RURAL")
(d) Street No. 202 S. Kansas City, Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME FRANKS SMITH TONER

20. DATE OF DEATH: Month Aug. day 6th
year 1941 hour 12:30 minute 9 M.

3. (b) If veteran, name war no 3. (c) Social Security No. 491-01-8448

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella Toner 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased: Dec. 13 1883
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Duration _____

8. AGE: Years 57 Months 5 Days 7 If less than one day _____ hr. _____ min.

Due to Coronary

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

Due to 94 1/2

10. Usual occupation Labourer

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

11. Industry or business _____

Major findings: Of operations Coronary

12. Name Frank Toner

Of autopsy _____

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

14. Maiden name Martha Walker

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

16. (a) Informant Frank Toner

(b) Address Kansas City Mo.

17. (a) Burial (b) Date thereof 8/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Herbert Hoyle

(b) Address Excelsior Springs

19. (a) Aug 8-1941 (b) Mrs. P. W. Toner
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Coronary thrombosis

(b) Date of occurrence 8-6-41

(c) Where did injury occur? City (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Sea wagon in cab

While at work? yes (Specify type of place) (e) Means of injury 3

23. Signature P. W. Toner (M. D. or other)

Address Excelsior Springs Mo. Date signed 8-7-41

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number 9-3-41
Date Filed

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 Chas. Virgil Hope
Licensed Embalmer No. 3950
P. O. Address Excelsior Springs

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.