

S. No. 2
M-2.43
5-17-39
X3897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20937**
Registrar's No. **22**

Registration District No. **1151**

Primary Registration District No. **461 4061**

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Praymer
(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)

In this community 13 yrs years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway

(c) City or town Praymer 13
(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 _____

3. (a) PRINT FULL NAME ELIZA JOSEPH TOOMEY

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex fe 5. Color or race wh

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 Jan 29 1876
(Month) (Day) (Year)

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

67 3 27 hr. min.

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

10. Usual occupation Housewife

11. Industry or business own home

MOTHER FATHER

12. Name Michael Toomey

13. Birthplace Deland Fla
(City, town, or county) (State or foreign country)

14. Maiden name Martha Jane Mead

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

16. (a) Informant James Toomey

(b) Address Praymer, Mo

17. (a) Burial (b) Date thereof 5-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Oak Cem

18. (a) Signature of funeral director Edward J Mead

(b) Address Praymer, Mo

19. (a) 528-43 (b) E. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1943 hour 3 minutes 00 A. M.

21. I hereby certify that I attended the deceased from July, 1943 to May 26, 1943
that I last saw her alive on May 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Melanphasic follow-up Cell Bladder carcinoma

Due to Melanoma - refused to take food

Other conditions (include pregnancy within 3 months of death)
Cardinal B. Toomey MD

Major findings: no

Of operations: _____

Of autopsy: None 127a2

Duration year

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 7 hours

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature Cardinal B Toomey MD (M.D. or other)

Address Praymer, Mo Date signed May 27

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

Darnald F. Mead

Licensed Embalmer No. *2801*

P. O. Address *Praymer, 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.