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7-5-17-39
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34307

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 20 1943 4

Registration District No. _____

Primary Registration District No. 4061

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Braymer Mo.

(c) Name of hospital or institution: Braymer Mo.

(d) Length of stay: In hospital or institution _____

In this community: yes - 26 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Braymer Mo.

(d) Street No. _____

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: GARRISON HARKER TOOMAY

3. (b) If veteran, name war: No

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6th year 1943 hour 11:40 minute P M.

4. Sex: Male

5. Color or Race: white

6. (a) Single, widowed, married, divorced, or single: Single

6. (b) Name of husband or wife: Mary Elizabeth Toomay

6. (c) Age of husband or wife if alive: Deceased

7. Birth date of deceased: April 2 1867

21. I hereby certify that I attended the deceased from Aug-30 - to Sept-6 - 1943 that I first saw him alive on Sept 6 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 5 Days 4

Immediate cause of death: Cerebral Apoplexy

9. Birthplace: Ray Mo.

Due to: Peteris Sclerosis

10. Usual occupation: Farmer

Other conditions: Cerebral & Hooley

11. Industry or business: Farming

Major findings: none

12. Name: GARRISON HARKER TOOMAY

Of operations: none

13. Birthplace: Braymer Mo.

Of autopsy: none

14. Maiden name: Martha Barron

15. Birthplace: Caldwell Co Mo.

16. (a) Informant: John E. Michael

17. (a) Address: Braymer Mo.

18. (a) Signature of funeral director: Bernard Friend

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

(a) Accident, suicide, or homicide (specify): none

(b) Date of occurrence: none

(c) Where did injury occur?: none

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

23. Signature: Cardinal B. Bradley M. D. or other

Date signed: 9/28/43

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

13
0
0

1151

(Licensed Embalmer's Statement on Reverse Side)

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

James J. Mead

Licensed Embalmer No. *2801*

P. O. Address *Graymire*

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.