

No. 2
-12-45
5-17-39
I X47070

FILED AUG 26 1947

State File No. _____

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 3444

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution:
632 Hardesty /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX
(Specify whether years, months or days)

In this community 6 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: MRS. JOSEPHINE TOOMAY

3. (b) If veteran, name war: XX no

3. (c) Social Security No.: None

4. Sex: Fe 5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: D. T. Toomay

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

7. Birth date of deceased: May 10 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 0
If less than one day hr. min.

9. Birthplace: Lawrence County Indiana /
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: _____

12. Name: George Jacobs

13. Birthplace: Indiana /
(City, town, or county) (State or foreign country)

14. Maiden name: Nancy Cambron
(City, town, or county) (State or foreign country)

15. Birthplace: No Record
(City, town, or county) (State or foreign country)

16. (a) Informant: Mabel Toomay

(b) Address: 632 Hardesty

17. (a) Removal (b) Date thereof: 8-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director: J. W. Wagner

(b) Address: Kansas City, Mo.

19. (a) 8-11-47 (b) D. Waldine Holmead
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

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

(d) Street No.: 632 Hardesty
(If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1947 hour 12 minute 40P M.

21. I hereby certify that I attended the deceased from 7 August 1947, to Aug 10 1947.

That I last saw him/her alive on 7 August and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage 1 day

Due to: Arterio Sclerosis over 5 years

Due to: _____

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

Major findings: g3a

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) (c) Means of injury: _____

23. Signature: A. W. Fara (M. D. or other) J. A. J.

Address: 404 1/2 W 76 St KC Mo signed Aug 1947

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

MOTHER FATHER

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 Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address Kansas City, 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.