

S. No. 2  
DM-5-43  
V. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9852

Registration District No. 301 Primary Registration District No. 6037 Registrar's No. 2294

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

1. PLACE OF DEATH:  
(a) County Ripley  
(b) City or town London, Mo.  
(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 \_\_\_\_\_ years, months or days  
3. (a) PRINT FULL NAME Phemie Toy Jr.  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male race white 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Maggie Toy 6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased Nov. 27, 1859  
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ellington, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Phemie Toy, Sr.

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

14. Maiden name Margaret Roberts

15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Martha J. Simpson  
(b) Address Warm Spr. Arkansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Johnson Chapel, Mo.

18. (a) Signature of funeral director J. W. Edwards  
(b) Address Doniphan, Mo.

19. (a) 2-27-48 (Date received local registrar) (b) G. B. Johnston (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri County Ripley  
(c) City or town \_\_\_\_\_ (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 Feb day 17 year 1948 hour 3 minute A.M.  
21. I hereby certify that I attended the deceased from 1-15-48 to 2/17/48  
that I last saw him alive on 2/15/48 and that death occurred on the date and hour stated above.

Immediate cause of death Robor pneumonia 10 days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_  
23. Signature Clifford J. ... (M. D. or other) \_\_\_\_\_  
Address Doniphan, Mo. Date signed 2-25-48

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

Dist.:

Cadaver No. 5,

District File Number

348206

Date Filed

3-20-48

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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

*Velus Johnson*

Licensed Embalmer No. 4276

P. O. Address. *Danipshaw, MA*

**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.