REC'D JAN 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43526
Do not use this space.

1. PLACE OF DEATH
(a) County Johnson 2 Registration District No. 431
(b) Township Primary Registration District No. 3023 Registered No. 125
(c) City Warrensburg (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

5
6
2

2. PRINT FULL NAME Margaret Lee Todd
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jonathan Todd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-6-1856
7. AGE YEARS 82 MONTHS 1 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio
FATHER
13. NAME Harvey Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio
MOTHER
15. MAIDEN NAME Rhoda Davidson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio
17. INFORMANT (ADDRESS) J. H. Todd Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Centerview DATE Dec. 17 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney-Phillips Warrensburg, Mo.
20. FILED Dec 15 1938 Eva Gentry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15 1938
22. I HEREBY CERTIFY, That I attended deceased from 11-24- 1938, to Dec 15 1938
I last saw her alive on 12-15- 1938. Death is said to have occurred on the date stated above, at 10:25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12-11-38
93 C	
Other contributory causes of importance: Chronic Myocarditis	?

Name of operation none Date of
What test confirmed diagnosis? Shepard Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R. F. McKinney, M. D.
391 (Address) Warrensburg Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9812-38 I X14028

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/12/39

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, R. Q. Phillips, or by ,

Registered Apprentice No. , working under my personal supervision.

Signed R Q Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg.

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, above space should be left blank.