

Registration District No. 6891Primary Registration District No. 2033

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Louisiana  
(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 2  
(Specify whetherIn this community \_\_\_\_\_  
years, months or days)3. (a) PRINT FULL NAME Mrs Nettie Todd3. (b) If veteran, name war ✓3. (c) Social Security No. ✓4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Clarence Todd 6. (c) Age of husband or wife if alive 58 years7. Birth date of deceased April 8 1880  
(Month) (Day) (Year)8. AGE: Years 60 Months 5 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Clarksville Mo 0  
(City, town, or county) (State or foreign country)10. Usual occupation NSW + e 911. Industry or business Home 912. Name Charles Barnes 913. Birthplace (2)  
(City, town, or county) (State or foreign country)14. Maiden name Betty Dallow  
(City, town, or county) (State or foreign country)15. Birthplace (2)  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Clarence Todd(b) Address Louisiana Mo17. (a) Burial (b) Date thereof 9-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation River View Louisiana Mo18. (a) Signature of funeral director J. H. Haley(b) Address Louisiana Mo19. (a) 9/24/40 (b) J. H. Haley  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike(c) City or town Louisiana  
(If outside city or town limits, write "RURAL")(d) Street No. 201 N Car  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 24  
year 1940 hour 9 minute 45 A M.21. I hereby certify that I attended the deceased from Aug 15 1940 to 9-24 1940  
that I last saw her alive on 9-24 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic nephritis Duration 4 yearsDue to auricular fibrillation 3 years

Due to \_\_\_\_\_

Other conditions 131  
(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)  
(e) Means of injury \_\_\_\_\_23. Signature Eugene Pitts (M. D. or other) \_\_\_\_\_Address Louisiana Mo Date signed 9/24/40

RECEIVED

District Health Officer No. 10

District File Number 10-40-1963

Date Filed OCT 9 1940

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.....

George O. Hagner, Registered Apprentice No.....  
working under my personal supervision.

Signed George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana 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, above space should be left blank.