NOV 19 1940

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

34786
Do not use this space.

1. PLACE OF DEATH
(a) County Boone 20 Registration District No. 71
(b) Township Cedar Primary Registration District No. 5110A Registered No. 20
or
(c) City ..... (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.

2. PRINT FULL NAME George Justin Todd
(a) Residence, No. Boone Co Mo Rural
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Todd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 1847
7. AGE: Years 93 Months 8 Days 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Missouri

FATHER
13. NAME ✓
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT Etta B. Lester
(ADDRESS) 1000 Wilkes Columbia Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview Cem. DATE Oct 8 1940
19. FUNERAL DIRECTOR (NAME) Holt & Burnett
(ADDRESS) Ashland Mo.
20. FILED Oct 7 1940 Frances Nichols
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1940
22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1940 to Oct 5 1940
I last saw him alive on Oct 4 1940 Death is said to have occurred on the date stated above, at 11:10 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Hemorrhage from Bowel

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical 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? .....
If so, specify .....
(Signed) H. B. Pryor, M. D.
(Address) Ashland Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Wm L. Burnett

Licensed Embalmer No. 9564

P. O. Address Ashland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.