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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

APR 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11129

State File No.

Registration District No. 449

Primary Registration District No. 4267

Registrar's No.

1. PLACE OF BIRTH:

(a) County Laclede
(b) City or town Lebanon Stewart Hotel
(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 1 (Specify whether
In this community _____ years, months or days) 3

3. (a) PRINT FULL NAME Marcus Augustus Todd

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mrs M.A. Todd 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 22 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 0 If less than one day hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Samuel Wesley Todd

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

14. Maiden name Marquet Hart

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

16. (a) Informant Wesley James

(b) Address 1019 S. Weaver Spg mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 23 1941 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon

18. (a) Signature of funeral director W. E. Holshman

(b) Address Lebanon mo

19. (a) 3-28-41 (Date received local registrar) (b) J. W. Coe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Laclede
(c) City or town Lebanon Stewart Hotel
(If outside city or town limits, write "RURAL")
(d) Street No. Pierre St at Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 22 Mar - at 11:30 A.M. to Mar - 22 1941; that I last saw him alive on Mar - 22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to arteriosclerosis of arteries

Other conditions _____

Major findings: Of operations _____ Of autopsy none

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 J. W. Coe (M. D. or other) Address Lebanon mo Date signed 3-28-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7.
Date filed 11/16/1915

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.....

..... *myself*, Registered Apprentice No.
working under my personal supervision.

Signed *W. E. Holman*

Licensed Embalmer No. *4107*

P. O. Address *Lebanon, Mo.*

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

If this body is not embalmed, fact should be so stated above.