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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30731
Registrar's No. 3488

FILLED OCT 13 1941
399
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
309 Garfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 35 years
years, months or days

3. (a) PRINT FULL NAME Lovisa Jane Todd
(b) If veteran, name war No
(c) Social Security No. No

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Todd
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 27 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 20
hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {
12. Name William Hessenflow
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Crawford
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Trussell
(b) Address 1535 N. Liberty Indp. Mo.

17. (a) Burial (b) Date thereof Sept 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cem. Excelsior Sp. Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn K. C. Mo.

19. (a) 9/19/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 309 Garfield
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year _____ hour _____ minute 5 A. M.
21. I hereby certify that I attended the deceased from March
1941 to Sept 17, 1941
that I last saw her alive on Sept 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic
fatal Regurgitation

Due to Infection focal of heart
1/2/1941

Due to _____
Other conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
928

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

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)
(a) Means of injury _____
23. Signature Harry H. Dray (M. D. or other) 0
Address 1401 Prospect Date signed 9-17-41

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.....

L. H. N. Ise
.....
Licensed Embalmer No. 2570

P. O. Address R. O. 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, fact should be so stated above.