No. 2
-1-4-41
5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34172

Registration District No. 2 Primary Registration District No. 205 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Rural Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural #2 St. Joseph / Savannah Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Rural - Jefferson 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. #2, St. Joseph, 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lettie Todd

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Jeptha Todd 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 1 (Day) 1866 (Year)

8. AGE: Years 75 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Mackville / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jesse C. Peter
13. Birthplace Perryville / Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza McDonald
15. Birthplace Mackville / Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. J. Boyd.
(b) Address R.R.#2, St. Joseph, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/41. (Month) (Day) (Year)
(c) Place: burial or cremation Savannah Cemetery
Savannah, Mo.

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St. St. Joseph, Mo.

19. (a) Oct. 4 1941 (Date received local registrar) (b) Mrs. Jennie Rash (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
year 1941 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb 9, 1941, to Oct 3, 1941;
that I last saw her alive on Oct 2, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart disease	
~~Due to~~ Carcinoma of Liver (primary)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Owen W. D. Craig (M. D. or other) MD
Address Kirkpatrick Bldg. St. Joseph Missouri Date signed Oct 3-41

934 (Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Olly J. Lester

Licensed Embalmer No. Missouri #4154

P. O. Address St. Joseph, Missouri.

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.