

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
DEC 10 1941  
85

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37810

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

Registrar's No. 1122

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2749 Fairleigh Terrace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No  
(Specify whether  
In this community 87 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2749 Fairleigh Terrace 7  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Richard Todd  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 27  
year 1941 hour 4 minute 30 P.M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Marion G. Todd  
6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased January 21 1854  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1936  
\_\_\_\_\_ 19 \_\_\_\_\_ to Nov 27 1941  
that I last saw him alive on Nov. 27 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
87 10 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Occlusion (Sudden Death)  
Due to Heart Failure Duration 2 min.

9. Birthplace Andrew County Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Coal Dealer  
11. Industry or business Business

Due to 94A  
Other conditions Senility - arteriosclerosis  
(Include pregnancy within 3 months of death)  
Sclerosis

MOTHER FATHER { 12. Name David Todd  
13. Birthplace Andrew County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Clouser  
15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

Major findings: Of operations no operation  
Of autopsy none  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Marion G. Todd  
(b) Address 2749 Fairleigh Terrace, St. Jos., Mo.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 11-29-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park  
18. (a) Signature of funeral director Walter Meierhoffer  
(b) Address 1302 Faraon St., St. Joseph, Mo.  
19. (a) Nov 29 1941 (b) A. Hestebach  
(Date received local registrar) (Registrar's signature)

(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. J. Thompson (M. D. no)  
Address 825 Charles St., St. Joseph Date signed 11/28/41  
MISSOURI.

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

75

**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.....

*Walter Meinhopper Jr.*....., Registered Apprentice No. *302*  
working under my personal supervision.

Signed.....  
*Oley Jester*

Licensed Embalmer No. *4154 Missouri*

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.**