

2
4-414
7-39
X26390

DEC 16 1941

Registration District No. 197

Primary Registration District No. 5276

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

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural -- Gallatin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 5, North Kansas City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, write street number or location
In this community 1 1/2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Flora Belle Todt

3. (b) If veteran, name war no 3. (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 Adolph Todt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 29, 1853
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 15 If less than one day hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

FATHER { 12. Name Zebedee Trott
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Phoebe Ann Carl
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mina Belle Bateman

(b) Address Route 5, North K. C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-17-41 (Month) (Day) (Year)

(c) Place: burial or cremation Utica, Missouri

18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo.

19. (a) Nov 17 - 1941 (Date received local registrar) (b) Rush N. Newmyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Rural -- North Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Route #5 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
year 1941 hour 2:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from 10-14-41 to 11-14-41
that I last saw him alive on 11-13 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____ Of autopsy _____

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) (Means of injury)
23. Signature Russell R. Hodges (M.D. or other)
Address North Kansas City, Mo. Date signed 11/14/41

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

1021

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-15-41

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 _____

Harold L. Posson

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Harold L. Posson

Licensed Embalmer No. **3605**

P. O. Address **North K. C. 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.