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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39046

Registration District No. 668

Primary Registration District No. 8039

Registrar's No. 333

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 1609 So Missouri
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1609 So Mo. 4
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME LEORA JANE 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 Wid. 7

6. (b) Name of husband or wife John J. Todd

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov. 25 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	18	..... hr. ..... min.

9. Birthplace Saline Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Jas. P. Miller
13. Birthplace Benton Co. Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Paralee Holland
15. Birthplace Saline Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bonnie Sands

(b) Address Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/41
(Month) (Day) (Year)

(c) Place: burial or cremation Queensberry Cem.

18. (a) Signature of funeral director Gillespie Funk Home

(b) Address Sedalia Mo

19. (a) 11/14/41 (Date received local registrar) (b) Mrs Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1941 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from Nov 11, 1941, to Nov. 13, 1941, that I last saw her alive on Nov. 12, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	2 days
Due to Arteriosclerosis	Do not know
Due to 830	
Other conditions Blind (Cause not known) (Include pregnancy within 3 months of death)	Do not know

Major findings:
Of operations None

Of autopsy None made

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(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 —

23. Signature [illegible] (M. D. or other)

Address Sedalia Mo Date signed Nov 14 1941

906 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 11-24-41

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

Signed L. E. Boulelin

Licensed Embalmer No. 3867

P. O. Address Sedalia

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

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