V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1812

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

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: 1312 Michigan (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 50 years

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. 1312 Michigan (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mary E. Todd
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fe 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Todd
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May 3 (Month) 1882 (Day) (Year)

8. AGE: Years 60 Months 0 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Brookfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business .....
FATHER
12. Name Henry Parsons
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Frances
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Ruby Lockhart
(b) Address 1312 Michigan
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/7/42 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn
18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia
19. (a) 5-7-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1942 hour 4 minute 30A. M.
21. I hereby certify that I attended the deceased from May 2-1942, 19..., to May 4, 1942, that I last saw her alive on May 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Chronic Nephritis
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy .....

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? No (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 [signature] (M. D. or other)
Address Waldheim Bldg Date signed 5-6-42

(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 Isaac J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.