

40000

S. No. 2
M-9-4-41
V. 5-17-39
WI X2984

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 11 1949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4894

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:
1219 West 20th Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 Yrs.
(Specify whether years, months or days)

In this community 40 Yrs.

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. 1219 West 20th Terrace
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Robert M. Todd

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or Race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myra Lee Todd

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased September 10, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>3</u>	<u>18</u>	hr. min.

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

10. Usual occupation Harness Maker

11. Industry or business Retired

MOTHER FATHER

12. Name James Todd

13. Birthplace No Record Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Cox

15. Birthplace No Record Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myra Lee Todd

(b) Address 1219 West 20th Terrace

17. (a) Burial (b) Date thereof 12/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd. K. C. Kans

19. (a) 12-29-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th year 1942 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from 1933 to 12/28/42

that I last saw him alive on Dec. 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Due to Arteriosclerosis

Due to 93.15

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

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

Address 1401 S. W. Blvd Date signed 12/29/42

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

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.....

Licensed Embalmer No. 3991

P. O. Address 309 E 67th St
2 PMO

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.