

S. No. 2
M-5-42
7-5-17-39

1359

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1943
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 415

Registration District No. 149 Primary Registration District No. 1002

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:
W. W. Wee Modern Nursery 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 ml.
In this community Life (Specify whether years, months or days)

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. Lees Summit, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Darol Robert Todd

3. (b) If veteran, name war XX 3. (c) Social Security No. XXX

4. Sex Male 5. Color or Race Wh 6. (a) Single, widowed, married, divorced sgl

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

7. Birth date of deceased October 16 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 3 9 hr. min.

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation drf

11. Industry or business _____

12. Name Harold Edward Todd

13. Birthplace Mtn Grove, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Madge Evalyn Heaston

15. Birthplace Davis County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harold E. Todd
(b) Address Lees Summit, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-27-43
(Month) (Day) (Year)
(c) Place: burial or cremation Gallatin, Mo.

18. (a) Signature of funeral director W. Wagner
(b) Address Kansas City, Mo.

19. (a) 1-26-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1943 hour 6: minute 30 P. M.

21. I hereby certify that I attended the deceased from Date of birth Oct 16, 1943 to Jan 25, 1943
that I last saw him alive on Jan 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Stokes
(Endothoracically enlarged Thyroid)
Due to _____
Due to 64

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Examination of enlarged Thyroid

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence Jan 25
(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 name of place) _____
23. Signature Dorland DeShazo (M.D. or other) D.O.
Address 3739 Main Date signed _____

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

MOTHER FATHER

48
3
8

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

A. R. Hainscheld

Licensed Embalmer No.

4159

P. O. Address

Kansas City

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.