

FILED JUN 24 1943

Registration District No. 9

Primary Registration District No. 5356

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Dallas  
 (b) City or town Rural Wilson Sup  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 72 yr. 11 mo. 4 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas  
 (c) City or town RYVAL  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Long Lane Mo.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William H. Todd

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. M  
 6. (b) Name of husband or wife Wife Rosa Todd 6. (c) Age of husband or wife if alive. 73 years  
 7. Birth date of deceased APRIL 14 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 11 4 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
 12. Name J. P. Todd  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Susan Frankling  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Riley Todd  
 (b) Address Long Lane Mo  
 17. (a) BURIAL (b) Date thereof 3-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cedar Ridge

18. (a) Signature of funeral director H. B. Jones  
 (b) Address Buffalo Mo  
 19. (a) June 8-1943 Mrs Arthur Howe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18  
 year 1943 hour 7 minute 10 A.M.  
 21. I hereby certify that I attended the deceased from 3-10 1943 to 3-19 1943  
 that I last saw him alive on 3-10 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) H6

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) (e) Means of injury \_\_\_\_\_

23. Signature J. P. Sunday (M. D. or other) M.D.  
 Address Conway Mo Date signed 3-21-43

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

JUN 24 1940

RECEIVED

District Health Officer No. 21

District File Number 5-43-590

Date Filed 6-23-43

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

*Elyse Montgomery*

Licensed Embalmer No. 3592

P. O. Address *Buffalo 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.

Registration District No. 97

Primary Registration District No. 2356

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Dallas  
(b) City or town Rural Wilson Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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 Dallas  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Long Lane, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

William H. Todd

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife wife  
Rosa  
6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased April 14 1878  
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
{ 12. Name W. P. Todd  
13. Birthplace Wich.  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Franklin  
15. Birthplace Wich.  
(City, town, or county) (State or foreign country)

16. (a) Informant Riley Todd

(b) Address Long Lane, Mo.

17. (a) Burial (b) Date thereof 3-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation  Cedar Ridge

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo, Mo.

19. (a) June 9, 1943 (b) W. B. Arthur Hoover  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature J. W. Lindsey (M.D. or other) M.D.

Address Conway, Mo. Date signed 3-24-43

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

TEMPORARY

521231