

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

28827

FILED SEP 1 1943
Registration District No. 225

Primary Registration District No. 4335

Registrar's No. 36

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community most of life
years, months or days)

3. (a) PRINT FULL NAME Thomas Jefferson Todd

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary S. Todd 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March, 10th, 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 10 If less than one day
hr. min.

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

10. Usual occupation Merchant (retired)

11. Industry or business --

12. Name John T. Todd

13. Birthplace Morgan County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lorenda Dinwiddle

15. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary S. Todd

(b) Address Tipton, Mo.

17. (a) Removal (b) Date thereof 8/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton, Mo.

18. (a) Signature of funeral director Junges & Richards

(b) Address Tipton, Mo.

19. (a) Aug 21 1943 (b) Mrs. Geo. Ferguson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Tipton (If outside city or town limits, write "RURAL") 1
(d) Street No. No Numbers 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8/20 day 20 year 43 hour 2:00 minute 0 M.

21. I hereby certify that I attended the deceased from 6-1-40 to 8/20/43
that I last saw him alive on 8/20/43 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Decomposition 2 days
Pulmonary Edema 2 days
Due to Cerebral Hemorrhage 13 days

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?..... (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) (e) Means of injury

23. Signature H. P. Hume (M. D. or other) Aug 21 1943
Date signed

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 me

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

Signed

Jessie E. Richards

Licensed Embalmer No.

2466

P. O. Address

Lipton me

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.