

FILED JAN 5 1943

Registration District No. 977

Primary Registration District No. 5356

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Long Lane Rural
(If outside city or town limits, write "RURAL" and name of township) Wilson Twp
(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 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME JOHN EDWARD 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 0

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

7. Birth date of deceased Oct 15 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

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

16. (a) Informant George Riley Todd
(b) Address Long Lane, Mo

17. (a) Burial (b) Date thereof Nov 23 1943
(Burial, exhumation, 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) Dec 30 1943 (b) ma A. D. Hoover
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1943 hour 11 minute 55 AM

21. I hereby certify that I attended the deceased from 11-17, 1943 to 11-22, 1943
that I last saw him alive on 11-17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver

Due to _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Hindey (M. D. or other) MD
Address Conway Mo Date signed 11-22-43

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

1124

RECEIVED

District Health Officer No. 7

District File Number 12-43-1394

Date Filed 1-4-44

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 *Clister P. Roof*

Licensed Embalmer No. 3044

P. O. Address *Buffalo, N.Y.*

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.