

FILED FEB 28 1945

Registration District No. _____ Primary Registration District No. 5356 State File No. _____ Registrar's No. 65-

1. PLACE OF DEATH:

(a) County Dallas
 (b) City or town Loughane Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Wilson sup
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas
 (c) City or town Loughane, Mo
(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 GEORGE RILEY TODD
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
 year 1945 hour Time unknown minute _____ M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife alice 6. (c) Age of husband or wife if alive 59 years

21. I hereby certify that I attended the deceased from _____, 19____, 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 Dead without medical attention Duration _____
Dead one week before was found. Cause exposure

7. Birth date of deceased July 22 1884
(Month) (Day) (Year)

Due to no injury

8. AGE: Years 60 Months 5 Days 28 If less than one day _____ hr. _____ min.

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

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

Major findings: Of operations 195 2
 Of autopsy 41

10. Usual occupation janitor
 11. Industry or business _____

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

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 _____

16. (a) Informant Ezra Todd
 (b) Address Buffalo Mo
 17. (a) Burial (b) Date thereof 1-28-45
(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) Jan 30-1945 (b) W. A. Hoover
(Date received local registrar) (Registrar's signature)

23. Signature L B Jones (M. D. or other) _____
 Address Buffalo Mo Date signed 1-26-45

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

RECEIVED
DR.

Officer No. 7

1-45-133

2-27-45

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 Leonard B. Jones

Licensed Embalmer No. 2508

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.