

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

002

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Seymour - Rural - ~~Missouri~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hazelwood Turn
(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

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

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Oct. 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>5</u>		hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Ldwson Todd

13. Birthplace Webster, Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Dillie Carter

15. Birthplace Webster, Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fleta Stokes

(b) Address Seymour, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 12-45 (Month) (Day) (Year)

(c) Place: burial or cremation Seymour, Cem.

18. (a) Signature of funeral director R. H. Kelley

(b) Address Seymour, Mo.

19. (a) May 4 1945 (Data received local registrar) (b) Hilbert Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 112

(a) State Missouri (b) County Webster

(c) City or town Seymour - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1945 hour 8:30 minute P. M.

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 Coronary thrombosis

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 3

23. Signature R. H. Kelley (M.D. or other) _____

Address Seymour, Mo. Date signed 3-10-45

RECEIVED

District Health Officer No. 6;

District File Number 545-600

Date Filed MAY 15 1945

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 *H. H. Kelley*.....

Licensed Embalmer No. *3334*.....

P. O. Address *Raymond, Miss.*.....

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.