. S. No. 2
OM—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42340

Registration District No. 316 Primary Registration District No. 4461 Registrar's No. 244

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bismarck
(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 years, months or days)
In this community 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Bismarck 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Samuel Todd
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rebecca Dodson Todd
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 12 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
85	8	21	hr. min.

9. Birthplace Berryman (City, town, or county) Missouri (State or foreign country)
10. Usual occupation farmer (retired)
11. Industry or business
FATHER 12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Anna Larmer
15. Birthplace Quebec (City, town, or county) Canada (State or foreign country)
16. (a) Informant Mrs. G. W. Dunlap
(b) Address Bismarck Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Bismarck Mo.
18. (a) Signature of funeral director White & Hill
(b) Address Arcell White Bismarck Mo.
19. (a) 12-7-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd
year 1945 hour 2 minute 35 P.M.
21. I hereby certify that I attended the deceased from Sept 1 1944 to Dec 3rd 1945; that I last saw him alive on Dec. 3 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Prostate Gland	5 mo
Due to Hypertrophied Gland	
Due to old age	
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 F. W. Gale (M. D. or other)
Address Bismarck Mo. Date signed 12/5/45

1577 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 146-1559
Date Filed 1-9-46

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 Lincoln J. White

Licensed Embalmer No. 2012

P. O. Address Boston Mass.

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.