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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 1 1946

State File No. 32713

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 258

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 127 Sexton Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 127 Sexton Rd. 4
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME LOVEY MAY TODD

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Virgil Omar Todd

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased 1 - 14 - 1888 (Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace Boone County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business ____

FATHER
12. Name Scott Toalson
13. Birthplace Boone County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Ella Hopper
15. Birthplace Boone County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Jesse Todd
(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 10-26-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1946 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 10, 1946, to Oct 25, 1946; that I last saw her alive on Oct 24, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocardite	1 yr
Due to Hypertension	6 yr
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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)

While at work? ____ (e) Means of injury ____

23. Signature [signature] (M. D. ~~or other~~) 0

Address Columbia, Mo. Date signed 10-25-46

31

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10/29/46

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 Chas L Zaring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.