

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 40045

FILED JAN 13 1947

Registration District No. 82Primary Registration District No. 3017Registrar's No. 153

## 1. PLACE OF DEATH:

(a) County Cooper  
 (b) City or town Booneville  
 (c) Name of hospital or institution: St Joseph Hospital  
 (If not in hospital or institution, write street number & location)  
 (d) Length of stay: In hospital or institution 4 days  
 In this community 4 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Me Janie Ann Todd3. (b) If veteran, name war / 3. (c) Social Security No. /4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced S6. (b) Name of husband or wife / 6. (c) Age of husband or wife if alive / years /7. Birth date of deceased 12 19 1946  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
- - 4 hr. min.9. Birthplace Booneville Mo  
(City, town, or county) (State or foreign country)10. Usual occupation /11. Industry or business /12. Name William Todd13. Birthplace Clarence Mo  
(City, town, or county) (State or foreign country)14. Maiden name Aurora B De Castro15. Birthplace Manila P. I.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature William Todd(b) Address Salisbury Mo17. (a) Burial (b) Date thereof 12 23 46  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Salisbury St Joseph Ch18. (a) Signature of funeral director Wm B Brunkley(b) Address Salisbury Mo19. (a) 12-31-46 (b) W Cooper  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton  
 (c) City or town Salisbury  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. / (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? No years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22  
year 1946 hour 10 00 AM. minute / M.21. I hereby certify that I attended the deceased from 12/19, 1946, to 12/22, 1946;  
that I last saw her alive on 12/22, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Prematurity  
 Due to Rheumatic heart disease & myocardial failure in mother.  
 Due to /

Other conditions (Include pregnancy within 3 months of death) /Major findings:  
Of operations /Of autopsy no

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 Donald N. Morgan (M. D. or other) M.D.  
Address Booneville, Mo. Date signed 12/24/46

RECEIVED

Public Health Officer No. 8,

Discharge File Number \_\_\_\_\_

Date Filed 1-11-47

---

---

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 Geo B Winkley

Licensed Embalmer No. 2135

P. O. Address Salisbury Md

**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, above space should be left blank.**