

No. 2
-12-45
-17-39
K47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25032

State File No. _____

FILED AUG 7 2 1947

Registration District No. _____

Primary Registration District No. 3054

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution:
Pike Co. Hospital
(If not in hospital or institution, write street number or location)
one month

(d) Length of stay: In hospital or institution one month
(Specify whether years, months or days)

In this community Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. 405 Kentucky
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME GLENN ELMER TODD

20. DATE OF DEATH: Month July day 26
year 1947 hour 8 minute 15 A.M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-14-3112

21. I hereby certify that I attended the deceased from JUNE 2, 1947, to JULY 26, 1947
that I last saw him alive on JULY 25, 1947,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

Immediate cause of death UREMIA Duration 6 days

6. (b) Name of husband or wife Fern B. Todd 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased: Nov 6 1899
(Month) (Day) (Year)

Due to MALIGNANT TUMOR LIVER Metastatic (possibly primary)

8. AGE: Years 47 Months 8 Days 20
If less than one day hr. min.

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____

9. Birthplace Louisiana Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Transfer & Coal

12. Name Elmer P. Todd

13. Birthplace Louisiana Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nettie Arthur

15. Birthplace Louisiana Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Glenn E. Todd

(b) Address Louisiana, Missouri

17. (a) burial (b) Date thereof 7/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Garner & Sterne

(b) Address Louisiana, Missouri

19. (a) 7-28-47 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

Underline the cause to which death should be charged statistically.
LIVER FATTY - STudded
E HARD NODULES THROUGHOUT

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 2 R Galman (M. D. or other) MD

Address LOUISIANA, Mo Date signed 7-28-47

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

82
2
1
0

MOTHER FATHER

SEP 29 1947

MAY 21 1948

RECEIVED
District Health Officer No.
District File Number 8-42-9
Date Filed AUG - 5 1947

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.....

.....*Virginia M. Stone*....., Registered Apprentice No. *491*
working under my personal supervision.

Signed *Norval V. Garner*

Licensed Embalmer No. *3720*

P. O. Address *Louisiana 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.