

S. No. 2
M-8-43
5-17-39
K37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30803**
Registrar's No. **61**

Registration District No. **76** Primary Registration District No. **5247**

1. PLACE OF DEATH:
(a) County **Dallas**
(b) City or town **Rural N. Benton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **55 yrs** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Dallas**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Buffalo** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jackie LeVina Todd**
3. (b) If veteran, name war _____ **3. (c) Social Security No.** _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **9** day **22**
year **1947** hour **7** minute **25 A** M.
21. I hereby certify that I attended the deceased from **Nov**
1946, to **Aug**, **1947**;
that I last saw her alive on **Aug 31**, **1947**;
and that death occurred on the date and hour stated above.

4. Sex **F** **5. Color or race** **w**
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **William Todd** **6. (c) Age of husband or wife if alive** **60** years
7. Birth date of deceased **Oct. 4 18**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Thrombosis** Duration **15 min**
Due to **Hypertensive Cardio-vascular disease** **8-10 yrs**
Due to _____

8. AGE: Years **55** Months **11** Days **18** If less than one day _____ hr. _____ min.

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

10. Usual occupation **House Keeper**

11. Industry or business _____

12. Name **James Smith**

13. Birthplace **Mo. U**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Evans**

15. Birthplace **Mo. U**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Todd**

(b) Address **Buffalo Mo.**

17. (a) Burial **(b) Date thereof** **9-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Home**

18. (a) Signature of funeral director **William Todd**

(b) Address **Buffalo Mo.**

19. (a) Date received local registrar **Oct 10, 1947** **(b) Registrar's signature** **Mrs. B. Jones**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **938**
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) **(c) Means of injury** **0**

23. Signature **W. A. Saffin MD** (M. D. or other) **0**

Address **Buffalo Mo.** **Date signed** **25 Sept**

RECEIVED
DISTRICT HEALTH OFFICER NO. 7
DISTRICT HEALTH OFFICER
9-47-1185
Date filed 10-14-47

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 *Blyde Montgomery*
Licensed Embalmer No. *3592*
P. O. Address *Buffalo, 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.