V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31488

Registrar's No. 3957

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 hrs. 45 mins. (Specify whether years, months or days)
In this community: life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 619 E. 8 St. 8
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Anna Todd
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Fe 1
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Wm J. Todd
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan 8 1890 (Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 6 If less than one day: hr. min.

9. Birthplace: Kansas City (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: none
11. Industry or business:
FATHER
12. Name: Cyrus S. Evans
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Amanda Hogan
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Alva Todd
(b) Address: 20-A Kessler Rd KC Ks
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 9-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hill KC Ks
18. (a) Signature of funeral director: Simmons
(b) Address: 1404 So 37 K C Ks
19. (a) 9-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 14 year: 1947 hour: 9 minute: 50 P. M.

21. I hereby certify that I attended the deceased from 9-14, 1947 to 9-14, 1947 and that I last saw her alive on 9-14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acidosis and bronchopneumonia	
diabetes	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: See above

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury:

23. Signature: Wm W. Hart (M. D. or other) M.D.
Address: Med. Dir. Gen'l Hosp. Date signed: 9-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Werner

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 H Simmons

Licensed Embalmer No. 3703

P. O. Address KC Ks

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.