

FILED JUL 16 1948

Registration District No. **14**

Primary Registration District No. **4028**

Registrar's No. **18**

1. PLACE OF DEATH:
 (a) County **Barton**
 (b) City or town **Liberal**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **51 years** (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME **MARY ZULA TODD**
 3. (b) If veteran, name war **XXX**
 3. (c) Social Security No. **XXX**

4. Sex **F** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Harold W. Todd**
 6. (c) Age of husband or wife if alive **39** years
 7. Birth date of deceased **September 26 1896**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 8 9 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER {
 12. Name **J. A. Ramsey**
 13. Birthplace **Johnson County, Missouri**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mary Lillian Letton**
 15. Birthplace **Kentucky**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Robert Todd**
 (b) Address **Liberal, Missouri**

17. (a) **Burial** (b) Date thereof **June 7 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Liberal Cemetery**

18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**
 (b) Address **Lamar, Missouri**

19. (a) **[Signature]** (b) **[Signature]**
 (Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **5**
 year **1948** hour **12** minute **P.** M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Self inflicted gun shot wound in chest - about 2 inches due to left of mid line in 5th interspace**
 Due to **Died instantly**
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations **[Signature]**
 Of autopsy

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?

23. Signature **[Signature]** (M. D. or other) **MD**
 Address **Lamar Mo.** Date signed **6/12/48**

RECEIVED

District Health Officer No. 6,

District File Number 148-808

Date Filed JUL 15 1915

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..... Carl F. Kovantz.....

Licensed Embalmer No. 2247.....

P. O. Address..... Lamar, Missouri.....

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.