No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1948

Registration District No. 69

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5258

State File No. 29190

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Ragersville, Rural W. Benton Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian

(c) City or town Ragersville Rural W. Benton Twp. (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 Perry Wayne Todd

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb. (Month) 20 (Day) 1868 (Year)

8. AGE: Years 80 Months 5 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER

12. Name Henry Todd

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

MOTHER

14. Maiden name Mary Scott

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

16. (a) Informant Wayne Todd (Son)

(b) Address Ragersville Mo RH1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mc Huffie Cem.

18. (a) Signature of funeral director Kelley-Terrell-Burgner

(b) Address Ragersville Mo.

19. (a) Sept 28-48 (Date received local registrar) (b) Lillie Barr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 — 48 year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 27, 1948, to July 18, 1948, that I last saw him alive on July 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Cancer — Duration 10 Month

Due to unknown

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations .....

Of autopsy HD

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature R. R. Farthing (M. D. or other)

Address Oregon Mo Date signed 9-22-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1024-1129
Date Filed 10-9-48

1948

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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Portland Me.

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.