

FILED SEP 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27230  
3610

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>3 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>909 W. 14th St. 3518</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>909 W. 14th St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Idora</u>	b. (Middle) <u>Frances</u>	c. (Last) <u>Todd</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-19-51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 6, 1920</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during the most of working life, or as if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>K.C. Mo.</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Henry Joseph Graves</u>	13b. MOTHER'S MAIDEN NAME <u>Iva Crawford</u>	14. NAME OF HUSBAND OR WIFE <u>Lester Todd</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-20-8135</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Todd</u>	ADDRESS <u>Same</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gravhational Endophthalmitis</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>343X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>non epidemic</u> rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Rugh H. Owens</u> (Degree or title)	23b. ADDRESS <u>1030 Prairie Blvd</u>	23c. DATE SIGNED <u>8-21-51</u>
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24a. BURIAL CREMATATION (Specify) <u>Burial</u>	24b. DATE <u>8-25-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kan</u>
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DATE REC'D BY LOCAL REG. <u>8-23-51</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>D. C. Wulub</u>	ADDRESS <u>K.C. Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

*Blaine E. Weichert*

Licensed Embalmer No. .... *4075* .....

P. O. Address.....

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.