

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36418

Registration District No. 877

Primary Registration District No. 6102 6202

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Rural
(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 8 years (Specify whether
In this community 8 years years, months or days)

3. (a) PRINT FULL NAME

William B. 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 widowed
6. (b) Name of husband or wife alive 6. (c) Age of husband or wife if 19 years
7. Birth date of deceased Oct. 19 1869 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 27 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Jacob M Todd

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

14. Maiden name Margaret Brock

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

16. (a) Informant Harvey A. Todd

(b) Address Symon Mo. RFD-1

17. (a) Burial (b) Date thereof 9-16-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Grave Cem.

18. (a) Signature of funeral director None

(b) Address

19. (a) 10-10-41 (b) DE M... (Date entered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Webster
(c) City or town Rural. Hogwood (If outside city or town limits, write "RURAL")
(d) Street No. Symon Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1941 hour 5 minute P.

21. I hereby certify that I attended the deceased from Sept 14 1941, 1941, to Sept 15 41, 1941; that I last saw him alive on Sept 15 1941, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage. Duration

Due to

Due to

Other conditions Hypertension
(Include pregnancy within 6 months of death) Chronic nephritis

Major findings: Of operations

Of autopsy 1318

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) (e) Means of injury 2

23. Signature DE M... (M. D. or other)

Address Symon Mo. Date signed Sept 15 1941

823. (Licensed Embalmer's Statement on Reverse Side)

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

FORM 10

District Health Officer No. 6,

District File Number 1141-1693

Date Filed NOV 8 1941

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.....

Licensed Embalmer No.....

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.