

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17182
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Haw. Primary Registration District No. 1002 Registered No. 1879
(c) City Kansas City (d) Street No. 2825 Holmes St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Susan Elizabeth Todd 300
(a) Residence, No. 2825 Holmes St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16-1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 3 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. None.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas, City 0
mo. 0

FATHER 13. NAME Calvin Todd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayton mo.

MOTHER 15. MAIDEN NAME Fern. E. Cruise
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edmond Okla

17. INFORMANT (ADDRESS) Calvin E. Todd
2825 Holmes

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 5-4 1938

19. FUNERAL DIRECTOR (ADDRESS) Ceylan Funeral Home
1800 Edmond Blvd

20. FILED May 4 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred _____ at _____ a.m.
The principal cause of death and related causes of importance were as follows:

Status thymolymphaticus
Date of onset 6/9

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____
(Signed) W. B. Bates M. D.

(Address) Gen Hosp, K.P. Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)