

REC'D MAR 9 1939

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

5434
Do not use this space.
633

1. PLACE OF DEATH

(a) County Jackson Registration District No. 391
(b) Township Kaw Primary Registration District No. 1002 Registered No. 633
(c) City Kansas City (d) Street No. 3007 Euclid 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Newton C. Todd
(a) Residence, No. 3007 Euclid Avenue St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Mrs. Eva M. Todd
~~WIFE OF~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27th, 1859

7. AGE YEARS 79 MONTHS 10 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Concrete Contractor
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) Illinois

FATHER 13. NAME Martin Todd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Mary Sample

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Eva M. Todd
(ADDRESS) 3007 Euclid Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 2/14/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary
104 West 42nd Street.

20. FILED 2/14 1939 M. M. Grome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1939, to Feb 11, 1939
I last saw him alive on Feb 11, 1939 Death is said to have occurred on the date stated above, at 7:35 P.
The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis ?
arteriosclerosis ?
Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no
If so, specify Freeman Mortuary M. D.

(Signed) J. J. Freeman M. D.
(Address) 730 Prof. Bldg, K.C., Mo.

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.

730 (Print Name)
V1-2443

2-5:30

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, Clarence W. Chiles

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Clarence W. Chiles

Licensed Embalmer No. 3473

P. O. Address The C. Mea

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, above space should be left blank.