

STANDARD CERTIFICATE OF DEATH

State File No. 6864

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 51

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town Winchester, Independence  
(c) Name of hospital or institution 112 South Union 2  
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 12 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(d) Street No. 112 South Union  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb, day 13, year 1940, hour 9, minute 45 P.M.

21. I hereby certify that I attended the deceased from 1-26 1940 to 2-13 1940 that I last saw him alive on 2/13 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to -  
Due to -

Other conditions (Include pregnancy within 3 months of death) 920

Major findings: Of operations

Of autopsy

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?  
(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

23. Signature J. R. Green (M. D. or other) Address Independence, Mo Date signed 2/14/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8. (a) PRINT FULL NAME Henry Jackson Totty

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married Married

6. (b) Name of husband or wife Mary F. Totty 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan 24 - 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Totty's Bend, Tenn (City, town, or county) (State or foreign country)

10. Usual occupation Retired Hardware Dealer

11. Industry or business

12. Name Johnson Totty

13. Birthplace Totty's Bend, Tenn (City, town, or county) (State or foreign country)

14. Maiden name Susan Spradling

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

16. (a) Informant Mary F. Totty

(b) Address 112 South Union

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/40 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion Cem.

18. (a) Signature of funeral director George C. Carson (b) Address Independence, Mo

19. (a) Feb. 14, 1940 (b) F. B. Cook (Date received local registrar) (Registrar's signature)

**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

*Floyd C. Carson*  
working under my personal supervision.

Registered Apprentice No. *237*

Signed *Frank W. Leib*

Licensed Embalmer No. *2467*

P. O. Address *Independence, Mo.*

**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.**