S. No. 2
—4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 15 1941

DEPARTMENT OF COMMERCE
Bureau of the Census

APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9539

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 948

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kanses City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1235 E 11th St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 16 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kanses City
(If outside city or town limits, write "RURAL")
(d) Street No. 1235 E 11th St.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

48
3
8

3. (a) PRINT FULL NAME James Edward Todd

3. (b) If veteran, name war -- 3. (c) Social Security No 495-01-2791

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl R. Mhore Todd 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased 4/18/1897 (Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Texas (City, town, or county) (State or foreign country)

10. Usual occupation Steel worker

11. Industry or business Sheffield Steel Corp.,

FATHER
12. Name James Ace Todd
13. Birthplace Texas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ezell Finch
15. Birthplace Texas (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Todd
(b) Address 1235 E 11th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director John P. Sheil
(b) Address 6606 Indep. Ave., Kansas City, Mo.

19. (a) Mar 7, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6 year 1941 hour 9.20 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 20, 1940, 19..., to March 6, 1941; that I last saw h. alive on March 4, 1941, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary heart disease (occlusion) 2-3 wks
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature L. E. Riller (M. D.)
Address 920 Newton Date signed 3-7-41

(Licensed Embalmer's Statement on Reverse Side)

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. 3625

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.