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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

37415

State File No. _____

Registrar's No. 4210

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
3441 Summit
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME James H. Todd

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Mary Margaret Cochran 6. (c) Age of husband or wife if alive 1875 years

7. Birth date of deceased Oct. 8, (Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation City Garage

11. Industry or business _____

12. Name John Todd 13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Mary Davies 15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Walter Todd (b) Address 3441 Summit

17. (a) Burial (b) Date thereof 11-12-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salvary Cemetery

18. (a) Signature of funeral director Quick & Tabin Co. (b) Address H. C. M. Crowe

19. (a) 11-12-41 (b) M. M. Crowe (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day Nov year 1941 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 1, 1941, to Nov 8, 1941; that I last saw ~~her~~ him alive on Nov 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Insufficiency & Hypertension (Chronic)
Due to Myocardial Infarction (Chronic)
Other conditions 93E
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: _____

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 W. C. Stanley (M. D. or other) _____
Address 1022 Argyle Blvd Date signed 11-8-41

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

8115

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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 John J. Bouroy, Registered Apprentice No. 307
working under my personal supervision.

Signed Charles M. Zurk

Licensed Embalmer No. 3634

P. O. Address K C 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, fact should be so stated above.