

FILED MAR 13 1942

Registration District No. 1160

Primary Registration District No. 6221

State File No. \_\_\_\_\_

Registrar's No. 460

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Hartsville Rural Elk Creek  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 9 years years, months or days)

3. (a) PRINT FULL NAME W Thomas Todd

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bessie Todd 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased Aug 8 (Month) (Day) (Year)

8. AGE: / Years Months Days If less than one day  
hr. min.

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

10. Usual occupation farmer

11. Industry or business

12. Name Andrew Jackson Todd  
13. Birthplace Ark. (City, town, or county) (State or foreign country)  
14. Maiden name Harnett Neal  
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Joe Todd  
(b) Address Mane, Mo  
17. (a) Rural (b) Date thereof Mar 6 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Palmer Cem

18. (a) Signature of funeral director none  
(b) Address \_\_\_\_\_

19. (a) Mar 6, 1942 (b) W. J. Wyman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright  
(c) City or town Hartsville Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 16 miles North P. O. #5  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4  
year 1942 hour 12:00 minute midnight M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular  
Heart Disease  
Due to had suffered for several  
years with this condition  
Due to and died without  
medical aid.  
Other conditions died suddenly  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: none  
Of operations \_\_\_\_\_  
Of autopsy 926

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)  
(a) Means of injury CORNER  
23. Signature J. A. Steffe (M. D. or other)  
Address Mane, Mo Date signed 3/6-42

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

400

RECEIVED

District Health Officer No. 6,

District File Number

342-341

MAR 11 1942

Date Filed

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

*Gene E. Holden*

Licensed Embalmer No.

3865

P. O. Address

*Hartsville 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.