S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17654

Registration District No. 12 | Primary Registration District No. 3013 | Registrar's No. 41

1. PLACE OF DEATH:

(a) County: Clay
(b) City or town: North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1031 - E 23rd ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether)
In this community: 14 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Mo (b) County: Jackson 1
(c) City or town: Lee's Summit 0
(If outside city or town limits, write "RURAL")
(d) Street No.: S.E Corner of Hensman & Forest
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Jessie L. Todd

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Nora Todd

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: Feb (Month) 15 (Day) 1888 (Year)

8. AGE: Years 57 | Months 3 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace: Polk Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Farmer

MOTHER FATHER

12. Name: J W Todd

13. Birthplace: Mo 0 (City, town, or county) (State or foreign country)

14. Maiden name: Nora ~~Arnold~~ Clockton

15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Norman L Todd
(b) Address: 1031 East 23 ave No K C

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Lee's Summit Mo

18. (a) Signature of funeral director: N. B. Langford
(b) Address: Lee's Summit Mo

19. (a) May 19-43 (Date received by registrar) (b) Ruth N. Henry (Registrar's signature)

1021

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 16th
year: 1943 hour: 1A minute: 00 a.m.

21. I hereby certify that I attended the deceased from April 5, 1943, to May 16, 1943; that I last saw him alive on 5-16-43, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy.	30 Min
Due to: Mitral Regurgitation	5 yrs
Due to: Impacted teeth	10 yrs
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 92	
Of autopsy:	

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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: Russell L Wedge (M. D. or other):
Address: North Kansas City Mo. Date signed: 5-17-43

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-4-43

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 N. B. Langeford

Licensed Embalmer No. 3833

P. O. Address Lees Summit 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.