

S. No. 2
 M-9-43
 v. 5-17-39
 X37823

2650

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 155

Primary Registration District No. 5578

Registrar's No. 2

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Wells City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Wells City, R. #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____
 years, months or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Wells City 47
 (If outside city or town limits, write "RURAL")
 (d) Street No. R #1
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James M. Todd
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 44-6-01-28

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 31
 year 45 hour 7 minute 10 A. M.
 21. I hereby certify that I attended the deceased from _____ 19____
 that I last saw _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Jules Todd
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased Feb 26 1880
 (Month) (Day) (Year)

Immediate cause of death Cardiac Failure
Pulmonary Tuberculosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 13

8. AGE: Years Months Days If less than one day
64 11 5 hr. _____ min.

9. Birthplace Wright County Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation miner

11. Industry or business _____
 12. Name Welles M. Todd
 13. Birthplace Unknown Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Mo.
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Jules Todd
 (b) Address R #1 Wells City Mo.
 17. (a) Burial (b) Date thereof Feb 5 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wells City
 18. (a) Signature of funeral director Wells City
 (b) Address Wells City Mo.
 19. (a) Feb 5 1945 (b) Madellie Pegh
 (Date received local registrar) (Registrar's signature)

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. Beckett (M. D. or other) Do
 Address 214 Poplar Date signed 2-4-45

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

1900

1180

(Licensed Embalmer's Statement on Reverse Side)

45-1-96

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 myself
....., Registered Apprentice No.....
working under my personal supervision.

Signed Clayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb City 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.