

FILED MAR 3 1945

Registration District No. **8**

Primary Registration District No. **3-0-6-5120**

Registrar's No. **24**

10000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Columbia** *Columbia Miss*
(c) Name of hospital or institution: **Rural Route 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **57 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone** / **0**
(c) City or town **Columbia** / **2**
(d) Street No. **97 Hirth Ave.** (If rural, give location) **6**
(e) Citizen of foreign country? **No** (Yes or No) **6**
If yes, name country _____ /

3. (a) PRINT FULL NAME **BERTHA ANN TODD**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **James Leland Todd** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **9 - 19 - 1887**
(Month) (Day) (Year)

8. AGE: Years **57** Months **4** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Boone County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER
12. Name **Thomas A. Grant**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Alice Donahue**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Raymond Douglas**
(b) Address **Columbia, Mo.**

17. (a) **Burial** (b) Date thereof **1 31 45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **Parson Funeral Service**
(b) Address **Columbia, Mo.**

19. (a) **1-30-45** (b) **Edna H. Barber**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **28**
year **1945** hour **10** minute **30** A. 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 **Primary factor - Cardiac hypertrophy, massive with decompensation acute**

Due to **Contributory: - Generalized arteriosclerosis; failing left**

Due to **heart with venous engorgement of liver, lungs and spleen.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **Same as above**

Duration

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) (c) Means of injury _____

23. Signature **Edward J. Coroner**
Address **Columbia Boone Co. Mo.** Date signed **Jan 29 - 45**

1253

RECEIVED

District Health Officer No. 0,

District File Number.....

Date Filed 3-2-45

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 M. S. Whitely

Licensed Embalmer No. 3893

P. O. Address Columbia 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.