

No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14165

FILED MAY 15 1946

Registration District No. 211

Primary Registration District No. 442

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH: Randolph
 (a) County Randolph
 (b) City or town Higbee mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: at 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 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo (b) County Randolph
 (c) City or town Higbee mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME THOMAS-PEYTON-TODD
 3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 27-46
 year 1946 hour 11 minute 30 M.
 21. I hereby certify that I attended the deceased from Sept. 17
1946 to April 26, 1946
 that I last saw him alive on April 26, 1946
 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 LINNIE TODD 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased July 31 1862
 (Month) (Day) (Year)

Immediate cause of death
Coronary heart failure
Portia regurgitation
 Due to _____
 Due to causes unknown
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
83 9 3 hr. _____ min.

9. Birthplace St Joseph mo (City, town, or county) (State or foreign country)

10. Usual occupation Baptist preacher

11. Industry or business Minister of Bible

12. Name Christopher Todd

13. Birthplace Fayette mo (City, town, or county) (State or foreign country)

14. Maiden name Cloe Stephens

15. Birthplace Columbia mo (City, town, or county) (State or foreign country)

16. (a) Informant Linnier Todd

(b) Address Higbee mo

17. (a) Burial (b) Date thereof April 29 46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hinton Cent

18. (a) Signature of funeral director H.S. Robinson

(b) Address Higbee mo

19. (a) 4/25-46 (b) J. Williams
 (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 H.S. Robinson (M. D. or D.O.)
 Address Higbee mo Date signed 4-29-46

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *H. S. Peterson*

Licensed Embalmer No..... *3001*

P. O. Address..... *Higbee*

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.