

FILED NOV 7 1947  
Registration District No. 170

Primary Registration District No. 3033

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
427 S. Washington /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 35 years years, months or days)

3. (a) PRINT FULL NAME ROY ALVIN 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 May Coffman 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 16 1878  
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 2 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired

11. Industry or business Building & Loan

12. Name Tilman A. Todd

13. Birthplace California Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lisetta E. Duvenic K

15. Birthplace California Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. A. Todd

(b) Address Lebanon, Mo.

17. (a) burial (b) Date thereof 10/20/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Cemetery

18. (a) Signature of funeral director Puber

(b) Address Lebanon, Missouri

19. (a) Nov 1, 1947 (b) Dr. Frank Berger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Lebanon 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 427 S. Washington 2  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17  
year 1947 hour \_\_\_\_\_ minute 8:00 P.M.

21. I hereby certify that I attended the deceased from 7/15, 1946, to Oct 17, 1947,  
that I last saw him alive on Oct 15, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Primary adenocarcinoma  
lower lobe right lung 1 yr(?)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 4/15/47

Major findings: bronchoscopy 4/15/47  
adenocarcinoma

Of autopsy \_\_\_\_\_

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) (e) Means of injury P

23. Signature James L. Hope (M. D. or other) \_\_\_\_\_

Address Lebanon, Mo. Date signed 10/27/47

MAILED 19 1947

Received 11/5/47

Lucas County Health Unit

File No. 11-47-190

Date filed 11/5/47

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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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Litton 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.