

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42448

State File No. _____

FILED DEC 17 1947

Registration District No. 256

Primary Registration District No. 5818

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Morgan *Morgan Twp.*

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

(c) Name of hospital or institution:
About 2 mi. No. Versailles
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME CORA A. TODD

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife James G. Todd

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct. 21 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>11</u>	<u>21</u>	hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Christian Temme

13. Birthplace No Record Germany
(City, town, or county) (State or foreign country)

14. Maiden name Christina Frottman

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James G. Todd

(b) Address Versailles, Mo.

17. (a) Burial Freedom Cemetery
(Burial, cremation, or removal)

(b) Date thereof Oct. 20-47
(Month) (Day) (Year)

(c) Place: burial or cremation Freedom Cemetery

18. (a) Signature of funeral director W. F. Hedwell

(b) Address Versailles, Mo.

19. (a) 12-9-47
(Date received local registrar)

(b) J. L. Washburn
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Versailles - "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. About 2 mi. No. Versailles
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1947 hour 3 minute 00 p. a. m.

21. I hereby certify that I attended the deceased from Dec. 23 - 1946 to Oct 18 1947
that I last saw her alive on Oct 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Carcinoma 10 mos

Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: WIF

Of operations _____

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

23. Signature A J Gunn (M. D. or other) _____
Address Versailles Mo Date signed 10/17/47

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

RECEIVED

Health Officer No. 7,
11-47-1432

12-15-47

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.....

Licensed Embalmer No. *4021*

P. O. Address *VERSAILLES, 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.