

FILED OCT 9 1948  
Registration District No. 42

Primary Registration District No. 4052

State File No. 28993

Registrar's No. 1057

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

1. PLACE OF DEATH: Buchanan  
 (a) County Buchanan  
 (b) City or town Agency  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Residence in Agency  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 (Specify whether years, months or days)  
 In this community Entire life

3. (a) PRINT FULL NAME JOSHUA C. TODD  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. NO.

4. Sex M 5. Color or race W.  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Malissa Todd  
 6. (c) Age of husband or wife if alive 73 years  
 7. Birth date of deceased June 22 1876  
 (Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 12  
 If less than one day hr. min.

9. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Blacksmith

11. Industry or business  
 12. Name Unknown  
 13. Birthplace " " (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Malissa Todd  
 (b) Address Agency, Mo.  
 17. (a) Burial (b) Date thereof 10/6/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Deerborn Cemetery

18. (a) Signature of funeral director John H. Murray  
 (b) Address Howell, Mo.  
 19. (a) 10-7-48 (b) E. J. Atkins  
 (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Buchanan  
 (c) City or town Agency  
 (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 4  
 year 1948 hour 11 minute 40 A.M.  
 21. I hereby certify that I attended the deceased from Sept 7 1948  
 to Oct 4 1948  
 that I last saw him alive on Sept 30 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
 Due to cause unknown

Due to \_\_\_\_\_  
 Other conditions none  
 (Include pregnancy within 3 months of death)

Major findings: Of operations no operation  
 Of autopsy no autopsy

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? no (Specify type of place) (e). Means of injury fall  
 23. Signature E. J. Atkins (M. D. or other) MD  
 Address 214 Park Street Date signed Oct 7 48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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

*John H. Murray*

Licensed Embalmer No.

*28930*

P. O. Address

*Lower, 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.**