

No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29992
Registrar's No. 3750

Registration District No. 1449

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
569 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 35 years (Specify whether
In this community about 35 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Will Todd
3. (b) If veteran name war none
3. (c) Social Security No. unknown

4. Sex Male 2 race Negro
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 42 years
about 1895
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years about 53 Months Days If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Katherine Miffitt

(b) Address 1004 Independence

17. (a) Burial (b) Date thereof 9/13/48
(Burial, cremation, or removal) (Month) (Year)

(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director W. Steinhilber
(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 9-13-48 (b) Doraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 569 Harrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 29
year 1948 hour 19 minute 59 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Gunshot injury of abdomen -
Due to _____
Due to _____
Other conditions (Include pregnancy within 9 months of death) 166
Deputy Coroner

Major findings: Of operations _____
Of autopsy History & Inspection
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 Homicide
(b) Date of occurrence 8/29/48

(c) Where did injury occur? Kansas City (City or town) (County) (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) Means of injury Gunshot

23. Signature A. E. Cooper (M. D. or D. V. M.) Mo
Address 2800 1/2 Main Date 9/14/48

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 *E. Sterling Bells*

Licensed Embalmer No. 3178.....

P. O. Address 1212 Vine St., Kansas City, 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.