FILED MAY 13 1940
FILED MAY 1_ 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14648
Do not use this space.

1. PLACE OF DEATH
(a) County Clay
(b) Township Liberty 2
(c) City Liberty Mo
Registration District No. 201
Primary Registration District No. 3280 3012
Registered No. 36
(d) Street No. .... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 3011 Martha Hughes Todd
(a) Residence, No. Liberty Mo ... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Todd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk
7. AGE YEARS 75 or 78. MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

FATHER
13. NAME ~~Martha~~ Ike Hughes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 5

MOTHER
15. MAIDEN NAME Fannie Hughes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

17. INFORMANT Fannie Wilson
(ADDRESS) 622 Troost 2 Kc Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Mo DATE Apr 26 1940
19. FUNERAL DIRECTOR D. Lee
(ADDRESS) Liberty Mo
20. FILED May 10 1940 W. H. Shafer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24 1940
22. I HEREBY CERTIFY, That I attended deceased from Jan 1930, to Apr 24 1940
I last saw her alive on Apr 23, 1940 Death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Diabetes —

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Other contributory causes of importance:
Arteriosclerosis

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? .... Date of injury ...., 19....
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Wm H. Goodson, M. D.
(Address) Liberty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, [signature], Licensed Embalmer No. 879

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No. 879

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 879

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)