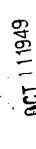
	THE SIVISION OF HE	ATTLE OF MISSOURI	30725
.S. No.300	FILED SEP 16 1949 STANDARD CERTIF	ICATE OF DEATH	- •
EV. 10-48	1040 STANDARD CERTIF	State File No	······································
\ M	BIRTH NOREG. DIST. NO	PRIMARY REG. DIST. NO. 556 Pregistrar's No.	
100	a. COUNTY. Jackson	2. USUAL RESIDENCE (Where deceased lived. If it a. STATE MIBSOURI b. COUNTROL	etitution: residence before 11 teau admission)
	b. CITY (If outside corporate limits, write BURAL and give C. LENGTH OF OR township) STAY (in phis place)	C. CITY (If outside corporate limits, write RURAL and give tow	mehlp) / S
An	TOWNRural (Brooking) township) STAY (in Clary's	town 2014 California	<i>©</i> ₹
RECORD	d. FULL NAME OF (If not in hospital or institution, give cheet address or location) HOSPITAL OR INSTITUTION 6717 Heinz	d. STREET (If rural, give location) ADDRESS 204 S. High Street	* · · ·
RE	3. NAME OF B. (First) b. (Middle)	c. (Last) 4. DATE (Month)	(Day) (Year)
E	(Type or Print) Frederick Ervin	Todd DEATH AUC.	28 1949
PERMANENT	5. SEX 16. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Male White Single /	8. DATE OF BIRTH 9. AGE (In years) of the lest birthday) 3-3-1882 67 Months	Days Hours Min.
₹.	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
Ha.	done during most of working life, even if retired Mo. Pacific R.R.	. California, Missouri	U.S.A.
# H	13a. FATHER'S NAME 13b. MOTHER'S MAIDEN	NAME 14. NAME OF HUSBAND OR WIT	
· •	Tilman A. Todd Lisetta Duv	1	<u>. </u>
МАКВ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (You, no. or unknown) (11 year type war or dates of service) 702-14-4082	7. INFORMANT'S SIGNATURE OR NAME William C. Glover Jr. 671	ADDRESS 7 Heinz.
1	18. CAUSE OF DEATH MEDICAL CERTIFICATION / INTERVAL BETWEEN		
INK	Enter only one course per line for (a), (b), and (c)	in deferation Aleust	ONSET AND DEATH
CK	*This does not mean ANTECEDENT CAUSES	1100110	
< <	the mode of dying, such Morbid conditions, if any, giving DUE TO (b) as heart failure, asthenia, rise to the above cause (a) stating	juux	-
BL	etc. It means the dis-		
Ş	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS		-
UNFADING	Conditions contributing to the death but not related to the disease or condition causing death.	• •	7200
FΔ	19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY7
N C	TION TO Scrif	- Cranit	YES NO X
USING	21a. ACCIDENT (Specify) SUICIDE HOMICIDE (MOVILLAN) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidgi, sto.)	2fc. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
-0s]	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED (WHILE AT NOT WHILE INJURY	21f. HOW DID INJURY OCCUR?	
*	THORK LI AT WORK LI	1	
AINLY	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at m., from the causes and on the date stated above.		
I.	23a. SIGNATURE (Degree or title) Alleh Of Quelly Colomby	23b. ADDRESS	23c. DATE SIGNED
WRITE	240. BURYAL. CREMA- 24b. DATE 24c. NAME OF CEMETER	. e. £	
3			BSOUTI.
	Sept. 6-1989 James & Stary	Clark Heger Raylon	ruMo.
	(Licensed Embalmer's S	tatement on Reverse Side)	

Sept. 13-49

SEP 1 8 RECO



τ.

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				
Gail L. Slack	Student Embalmer No. 335			
vorking under my personal supervision.	· ~ - /			

Student Student Slack

Licensed Embalmer No.3983

P. O. Address Raytown, Missouri.

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.