

DECD OCT 21 1938

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

32463

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 411
 (b) Township _____ Primary Registration District No. _____ Registered No. _____
 (c) City Joplin (d) Street No. 30th + Bird 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

Bernice Rowden Ledbetter 3/13
 (a) Residence, No. 30th + Bird St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melvin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 - 1917
 7. AGE YEARS 20 MONTHS 11 DAYS 16 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Same
 9. Industry or business in which work was done, as saw mill, bank, etc. Duties
 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) Coleno, Kans.
 FATHER 13. NAME William Rowden
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas
 MOTHER 15. MAIDEN NAME Edna Mathis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co Mo.
 17. INFORMANT (ADDRESS) Clifford Rowden 30th + Bird - Joplin, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Farmers Union Cem. Sept 6, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ledbetter and Co Joplin Mo.
 20. FILED 9-6 19 38 Ed D James Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1938
 22. HEREBY CERTIFY, That I attended deceased from Sept. 2, 1938, to Sept. 4, 1938. I last saw her alive on Sept. 3, 1938. Death is said to have occurred on the date stated above, at 12 m. The principal cause of death and related causes of importance were as follows:
Gangrenous stomatitis and pharyngitis Date of onset 23
 Other contributory causes of importance: Pulmonary tuberculosis?
 Name of operation none Date of _____
 What test confirmed diagnosis? Phys. exam. Was there an autopsy? No.
 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 L
 Nature of injury L
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Ed D James M.D.
 (Address) Joplin, Mo.

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.

Chapman

RECEIVED

District Health Officer No. 6,

District File Number 6-38-812

Date Filed _____

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

Sture Parker

Licensed Embalmer No.

2548

P. O. Address

John M

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, above space should be left blank.