REC'D APR 25 1939

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

11987
Do not use this space.

1. PLACE OF DEATH
(a) County RALLS
(b) Township CENTER
(c) City
Registration District No. 725
Primary Registration District No. 5956
Registered No.
(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 3116 NANCY MALCENIA LEDFORD
(a) Residence, No. 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: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF OLIVER G. LEDFORD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 10, 1861

7. AGE: Years 78 | Months 2 | Days 6 | If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) RALLS CO
(STATE OR COUNTRY) MO

FATHER
13. NAME JAMES SEE
14. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME HANNAH FANNING
16. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY) MO

17. INFORMANT O. G. LEDFORD
(ADDRESS) CENTER MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE SALEM DATE MAR 19, 1939

19. FUNERAL DIRECTOR (NAME) GILES R. HULSE
(ADDRESS) CENTER, MO

20. FILED 3/20, 1939 Giles R Hulse
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to Mar 15, 1939
last saw h alive on Mar 15, 1939. Death is said to have occurred on the date stated above, at 9:15 A.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset 2-2-1938

Other contributory causes of importance: 92C

Name of operation Date of
What test confirmed diagnosis? 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John E Brown, M. D.
(Address) Perry 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.

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RECEIVED
District Health Officer No. 10
District File Number 10-39-679
Date Filed APR 15 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

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.