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.

REC'D OCT 13 1939

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

33683
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard 2 Registration District No. 438
(b) Township Liberty 1 Primary Registration District No. 4509 Registered No.
(c) City Dexter (d) Street No. 39 S. Hickory 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 Francis Marion Ladd
(a) Residence, No. 39 S. Hickory 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: Male
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: Emma F. Ladd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 11, 1850
7. AGE: Years 88 Months 9 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Merchant
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): Dexter Missouri

FATHER
13. NAME: Ransom Ladd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hickmann Kentucky

MOTHER
15. MAIDEN NAME: Jane C. Neal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wheeling West Virginia

17. INFORMANT: C B Ladd
(ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dexter Cemetery DATE Sept. 21, 1939

19. FUNERAL DIRECTOR (NAME) Lorberg Farnsworth Co
(ADDRESS) Cape Girardeau Mo

20. FILED 10/9 1939 Jennie Burton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 19, 1939

22. I HEREBY CERTIFY, that I attended deceased from Sept. 15, 1939 to Sept. 19, 1939
I last saw him alive on Sept 19, 1939 Death is said to have occurred on the date stated above, at 7:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

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
(Signed) L J Cannon, M. D.
(Address) Dexter

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 1039-265
Date Filed 10-11

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, C. J. Lorberg, or by —

Registered Apprentice No. ....., working under my personal supervision.

Signed C. J. Lorberg

Licensed Embalmer No. 3840

P. O. Address Cape Girardeau

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

If this body is not embalmed, above space should be left blank.