

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7896

MAR 25 1941  
Registration District No. 912

Primary Registration District No. 5941

State File No. 7  
Registrar's No. 7

1. PLACE OF DEATH:  
(a) County Pulaski  
(b) City or town Rural Liberty, Mo.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULLNAME Ruby Marie Ledbetter  
3. (b) If veteran, name war. Infant  
3. (c) Social Security No.

4. Sex Girl  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased May 28 1940 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 8 19 hr. min.

9. Birthplace Pulaski Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Drew C. Ledbetter  
13. Birthplace Pulaski Co., Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Wilene Clark  
15. Birthplace Pulaski Co., Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Drew C. Ledbetter  
(b) Address Route 3, Richland, Mo.

17. (a) Burial (b) Date thereof Feb 18 1941 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mans Cemetery

18. (a) Signature of funeral director none  
(b) Address

19. (a) Feb 14 1941 (b) Dr. A. Oliver (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Pulaski  
(c) City or town Rural Liberty, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1941 hour 7 minute 0 A.M.  
21. I hereby certify that I attended the deceased from Feb 15 1941 to Feb 17 1941; that I last saw her alive on Feb 17 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial asthma 3 days

Due to unknown

Due to unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy no

Duration  
3 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) means of injury

23. Signature Dr. A. Oliver (M. D. physician)  
Address Richland, Mo Date signed 2/17/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number.....*34/331*.....

Date Filed .....

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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, fact should be so stated above.**