

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38532

State File No.

FILLED NOV 27 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH: **Jasper**

(a) County..... **Joplin**

(b) City or town..... **Joplin**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
620 N. Pearl
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **43 years**
(Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME **JOHN A. LADD**

3. (b) If veteran name war **Spanish War** 3. (c) Social Security No.....

4. Sex **M** 5. Color **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nora Ladd** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **May 19th 1874**
(Month) (Day) (Year)

8. AGE: Years **67** Months **5** Days **28** If less than one day
hr. min.

9. Birthplace **Galesburg Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Mail Man.**

11. Industry or business **same**

12. Name **Chas S. Ladd**

13. Birthplace **Laconia N.H.**
(City, town, or county) (State or foreign country)

14. Maiden name **Delia Good**

15. Birthplace **Lancaster Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Nora Ladd**

(b) Address **620 N. Pearl, Joplin Mo.**

17. (a) **Burial** (b) Date thereof **FAIRVIEW CEM. 11-20**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HURLBUT, UND.; CO.;**

18. (a) Signature of funeral director **Joplin Mo.**

(b) Address **11-18-41**

19. (a) **11-18-41** (b) **Ed D James**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")

(d) Street No. **620 North Pearl st**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ********* years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **17** year **1941** hour **10:15** minute **4** M.

21. I hereby certify that I attended the deceased from **10** to **10**; that I last saw him **live** on **Nov 17** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to.....
Due to.....
Other conditions **94a**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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)

23. Signature **Ed D James** (M. D. or other)
Address **Joplin Mo.** Date signed **Nov 17 1941**

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

19
2
3-

NOV 2 8 1941

NOV 27 1941

JAN 2 1942

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 *Steve D Parker*

Licensed Embalmer No. *2548*

P. O. Address *Joplin Mo*

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.