

S. No. 2
M-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13740

FILED MAY 3 1943

State File No.

Registration District No.

Primary Registration District No. 1000

Registrar's No. 468

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Nursing Home, 41026 Ridenbaugh St.
(d) Length of stay: In hospital or institution 2 months
In this community 50 years

3. (a) PRINT FULL NAME Nancy Susan Ladd
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife Benford F. Ladd
6. (c) Age of husband or wife if alive
7. Birth date of deceased December 6 1869

8. AGE: Years 73 Months 4 Days 2

9. Birthplace Versailles Missouri

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name William Dinwiddie
13. Birthplace Unknown Unknown
14. Maiden name Unknown
15. Birthplace Unknown Unknown

16. (a) Informant J. Orville Ladd
(b) Address Maryville, Missouri

17. (a) Burial
(b) Date thereof 4-12-1943
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meisshoffer
(b) Address 13th. & Faraon St., St. Joseph, Mo

19. (a) 4-12-43 (b) Rose Stegoy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 512 Green Street
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th.
year 1943 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from March 1, 1943, to April 8, 1943, that I last saw her alive on April 8, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis

Due to
Other conditions
Major findings: Of operations
Of autopsy

Duration
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Charles Roun...
Address
Date signed April 9 1943

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

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..... *Earl P. Clark*

Licensed Embalmer No..... *Missouri 4238*

P. O. Address..... *St. Joseph, Missouri.*

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.