S. No. 2
M—2-43
5-17-39
1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14805

Registration District No. 193 | Primary Registration District No. 5708 | Registrar's No.

1. PLACE OF DEATH:

(a) County: MCDonald

(b) City or town: Rural Buffaloe TWP, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Goodman MO, R, # I (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 50 Yrs, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: MCDonald

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: Goodman MO, R, # I (If rural, give location)

(e) Citizen of foreign country? NO, (Yes or No) If yes, name country ____

3. (a) PRINT FULL NAME: George Franklin Ledford

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Bertha Ledford

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: March (Month) 9th, (Day) 1881 (Year)

8. AGE: Years 62 | Months 1 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace: Newton County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farming

11. Industry or business ____

FATHER
12. Name: James Ledford
13. Birthplace: Georgia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lettie Younger
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Bertha Ledford

(b) Address: Goodman MO, R, # I

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-3-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Cummings Chapel

18. (a) Signature of funeral director: Chas. W. Williams

(b) Address: Goodman Mo

19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1943 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Mar. 20 1943 to May 2 1943 that I last saw him alive on April 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Valvular disease of heart — Duration 2 yrs

Due to: not known

Due to: ____

Other conditions (Include pregnancy within 3 months of death): 92 d

Major findings:
Of operations: ____
Of autopsy: ____

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature: L B Buck (M. D. or other)

Address: Anderson Mo Date signed: 5-5-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 543-574
Date Filed MAY 12 1943

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.