

No. 2
4-2-44
5-17-3
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34375

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 330

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether)

In this community Ten years
years, months or days

3. (a) PRINT FULL NAME Claud Elmer Ladd.

3. (b) If veteran, name war None

3. (c) Social Security No. 489-26-6824

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Olga Ladd

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased may 31 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 3
If less than one day hr. min.

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

10. Usual occupation merchant

11. Industry or business Grocery Business (Retail)

MOTHER FATHER { 12. Name Francis Marvion Ladd

13. Birthplace Dexter Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace " "
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin B. Ladd

(b) Address Newport, Ark. 72158

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Fairmount Cemetery

18. (a) Signature of funeral director M. J. Lockhart

(b) Address Cape Girardeau, Mo.

19. (a) 10-27-43 (Date received local registrar)

(b) H. W. Phelps (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")

(d) Street No. 416 S. Frederic
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1943 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from 9-15 1943 to 10-24 1943
that I last saw h. im alive on 10-24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death PERIPNEUMONIA OF PLEURA

Due to 46d

Other conditions (include pregnancy within 3 months of death)

Major findings of operation PERIPNEUMONIA OF PLEURA

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? (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)

(a) Manner of injury

23. Signature C. B. Smith (M. D. or other)

Address Cape Girardeau, Mo. One signed

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

16
1
4

1014

(Licensed Embalmer's Statement on Reverse Side)

Handwritten marks and signatures at bottom right.

RECEIVED

District Health Officer No. 4

District File Number 1143-292

Date Filed 11-8-43

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

..... Licensed Embalmer No. 3810

..... P. O. Address Cape Girardeau, 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.