

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

FILED JUN 20 1944
Registration District No. 4-8

Primary Registration District No. 4057

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cleo Jane Ledbetter
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7 year 1944 hour 14:25 minute _____ M.
21. I hereby certify that I attended the deceased from May 1st 1944 to May 7 1944; that I last saw her alive on May 5 1944 and that death occurred on the date and hour stated above.

7. Birth date of deceased: May (Month) 15 (Day) 1944 (Year)
8. AGE: Years _____ Months _____ Days 6 If less than one day hr. _____ min. _____
9. Birthplace Butler, Mo. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Infant

Immediate cause of death Congenital heart malformation
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1572

MOTHER FATHER
11. Industry or business _____
12. Name Wm. P. Ledbetter
13. Birthplace Mo
14. Maiden name Annice Opal Hall
15. Birthplace Lenna
16. (a) Informant Pat Ledbetter
(b) Address Butler, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Butler Cemetery
18. (a) Signature of funeral director Janeley
(b) Address _____
19. (a) 5/7/44 (Date received local registrar) (b) Belle Stone (Registrar's signature)

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) (e) Means of injury _____
23. Signature Dr. J. Rutledge (M. D. or other) 718
Address Campbell, Mo. Date signed _____

RECEIVED

District Health Office No. 2

District File Number 644-79

Date Filed 6-8-44

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.