

FILED SEP 12 1944

State File No.

Registration District No. 290

Primary Registration District No. 4430

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Crocker, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Crocker
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mildred Ledbetter

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joe May Ledbetter 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 15, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Peter Eckman
13. Birthplace Sweden
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Anderson
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Ledbetter
(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof July 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crocker Cemetery

18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Crocker, Missouri

19. (a) 8-29-44 (b) Edna M. Dobb
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from March 7
1944 to July 18 1944
that I last saw her alive on July 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Caused by the stomach (Carcinoma) Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature R. D. Sewitt (M. D. or other) 2
Address Waynesville, Mo. Date signed 8-27-44

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

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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. e

Signed Paul B. Hoop
Licensed Embalmer No. 3261
P. O. Address Wayneville 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.