

FILED JUN 11 1945  
Registration District No. 28

Primary Registration District No. 5466

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

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Rural, S. Campbell Twp.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**OSARK OSTEOPATHIC HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2da 9 1/2 hrs.**  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **BARRY**  
(c) City or town **Monett**  
(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

**John Frank Ledl**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Input**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **XV** years  
7. Birth date of deceased **May 25, 1945**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **27**  
year **1945** hour **11** minute **40** P.M.  
21. I hereby certify that I attended the deceased from **5/25/45** 19\_\_\_\_;  
\_\_\_\_\_, 19\_\_\_\_, to **5/27/45** 19\_\_\_\_;  
that I last saw him alive on **5/27/45** 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to **congenital heart disease**  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
**0 0 2 9 1/2 hr. min.**

9. Birthplace **Springfield Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business

12. Name **Clarence Ledl**  
13. Birthplace **Pierson City Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Opah Ketsinger**  
15. Birthplace **Wright Co Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. Ledl**  
(b) Address **Monett - Mo.**

17. (a) **Burial** (b) Date thereof **5-29-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Monett - Mo.**

18. (a) Signature of funeral director **Callaway Funeral Home**  
(b) Address **Monett - Mo.**

19. (a) **5-29-45** (b) **S. W. E. Hendley**  
(Date received local registrar) (Registrar's signature)

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 **Kellum of Monett** (State) \_\_\_\_\_  
Address **Springfield Mo** Date signed **May 29/45**

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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.

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.**