

Registration District No. **25-A-1945**

Primary Registration District No. **5579**

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Mineral wmp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co TB Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

John D Ledford

3. (b) If veteran, name war _____

3. (c) Social Security No. 491-07-9705

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

6. (b) Name of husband or wife Marjorie Ledford 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 2, 1910
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	35	8	22	hr. _____ min.

9. Birthplace Ethridge Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation truck driver

11. Industry or business _____

12. Name not known
13. Birthplace not known (City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marjorie Ledford
(b) Address 711 Minnesota, Joplin, Mo.

17. (a) burial (b) Date thereof 9/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) Sept. 27, 1945 (Date received local registrar)
Mrs. Lillian Taylor (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47
(c) City or town 309 Byers 2
(If outside city or town limits, write "RURAL")
(d) Street No. Joplin 5
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1945 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from Aug 20, 1943, to Sept 24, 1945
that I last saw him alive on Sept 24, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Tuberculous

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 _____

3. Signature Jesse E. Douglas (M. D. or _____)

Address Phib City, Mo Date signed 9/25/45

45-9-740

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.