. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED MAY 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17202

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 67

1. PLACE OF DEATH:

(a) County Lawrence Twp

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

(c) Name of hospital or institution: Missouri State Sanatorium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days (Specify whether years, months or days)

In this community 30 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 107

(c) City or town Licking 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Orval Ledbetter

3. (b) If veteran, name war No

3. (c) Social Security No. 493-16-3600

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Effie Gale Ledbetter

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased December (Month) 20 (Day) 1909 (Year)

8. AGE: Years 36 Months 3 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace Texas County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farm work

11. Industry or business

FATHER
12. Name James George Ledbetter
13. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Onevia Jamison
15. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address Mo. State San. Mount Vernon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr-5-46 (Month) (Day) (Year)

(c) Place: burial or cremation Licking Cemetery

18. (a) Signature of funeral director H. D. Fossett

(b) Address Mt Vernon Mo

19. (a) 4-29-46 (Date received local registrar) (b) O. K. Kilbrix (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1946 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from March 5, 1946, to April 3, 1946; that I last saw him alive on April 3, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	About 3 yrs.
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature C. A. Brasher M. D. (M.D. or other)

Address Mo. State San. Mount Vernon, Mo. Date signed 4-3-46

159 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 546-551
Date Filed MAY 15 1946

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 By me, Registered Apprentice No., working under my personal supervision.

Signed Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address McVernon, 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.