

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39304

State File No. _____

FILED NOV 25 1946

Registration District No. 325

Primary Registration District No. 4478

Registrar's No. 519

1. PLACE OF DEATH

(a) County Schuyler

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 12 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler

(c) City or town Lancaster
(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 LUTHER LEDBETTER

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1946 hour 10:5 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 1
1946, to Nov 8, 1946
that I last saw him alive on Nov 8, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Judy Ellen Ledbetter

6. (c) Age of ~~husband~~ wife if alive 60 years

7. Birth date of deceased: Dec 17 1871
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

8. AGE: Years 74 Months 10 Days 29
If less than one day hr. _____ min. _____

Due to arterio sclerosis

9. Birthplace Appanoose County Iowa
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business None

Major findings: Of operations _____

12. Name Wm Ledbetter

Of autopsy _____

13. Birthplace North Car
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ruth

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Judy Ellen Ledbetter

(b) Address Lancaster MO

17. (a) Burial (b) Date thereof Nov 12 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bleasant Groves

18. (a) Signature of funeral director P. O. Fink

(b) Address Lancaster MO

19. (a) 11/10/46 (b) Mrs. A. J. Drake
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature R. E. Vaughn (M. D. or other) D. O.

Address Lancaster MO Date signed Nov 10

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

MOTHER FATHER

353

(Licensed Embalmer's Statement on Reverse Side)

1946

RECEIVED
District Health Officer No. 10
District File Number 10-46-3087
Filed NOV 22 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *P. O. Fenton*
Licensed Embalmer No. 3705
P. O. Address *Lancaster, 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.