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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39688

FILED JAN 7 1947

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1429

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours. (Specify whether
In this community Life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1502 1/2 No 3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROGER-DON-LEDFORD.
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M.
5. Color or race wht
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 15 1946 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	0	4	7	hr. min.

9. Birthplace St Joseph (City, town, or county) Mo. (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name Everette D Ledford
13. Birthplace Cleveland County, N. Carolina (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Twylia Pierce
15. Birthplace Stanberry (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Everett Ledford
(b) Address 1502 1/2 North 3
17. (a) B (Burial, cremation, or removal) (b) Date thereof 12/24-46 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem
18. (a) Signature of funeral director Stamey Funeral Home
(b) Address St Joseph Mo
19. (a) 12-31-46 (Date received local registrar) (b) G. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1946 hour 9 1/2 minute P M.
21. I hereby certify that I attended the deceased from Dec 19, 1946, to Dec 22, 1946
that I last saw him alive on Dec 22, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	2 day
Due to Influenza	1 wk
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 33A
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
23. Signature [signature] (M. D. or other)
Address Corpy Sedg Date signed 12/24/46

342 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

192 [illegible]

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. John Ray Stanley

Licensed Embalmer No. 2435

P. O. Address. St Joseph

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.