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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1947

Registration District No. 292

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21933

Primary Registration District No. 5999

Registrar's No.

**1. PLACE OF DEATH:**

(a) County RALLS

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

(c) Name of hospital or institution: CENTER-MO. R.F.D. 1
(If not in hospital or institution, write street number or location)

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

In this community 60 YRS.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County RALLS. 87

(c) City or town RURAL (CENTER-TOWNSHIP)
(If outside city or town limits, write "RURAL")

(d) Street No. CENTER-MO. R.F.D.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROY-AMES-LEDFORD.

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 SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased JAN. 16 1887. (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 60 | 5 | 13. | hr. min. |

9. Birthplace RALLS, CO (City, town, or county) MO. (State or foreign country)

10. Usual occupation FARMER.

11. Industry or business FARM.

FATHER
12. Name JOHN-LEDFORD
13. Birthplace RALLS, CO (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name DONNA-WASSON.
15. Birthplace RALLS, CO (City, town, or county) MO. (State or foreign country)

16. (a) Informant Mrs Chas Rogers.
(b) Address CENTER-MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 30-1947 (Month) (Day) (Year)
(c) Place: burial or cremation SALEM-CEMETERY

18. (a) Signature of funeral director Couch-Willey
(b) Address CENTER, MO.

19. (a) 6/31/47 (Date received local registrar) (b) Clydee Wiseman (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JUNE day 29 ~~26~~ year 1947 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from 6-28 1947 to 6-29 1947 that I last saw him alive on 6-29- 1947 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Apoplexy | 8 hrs |
| Due to Unknown | |
| Due to Unknown | |
| Other conditions (Include pregnancy within 3 months of death) None & 3A | |

Major findings:
Of operations None
Of autopsy None

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)

(e) While at work? (e) Means of injury 2

23. Signature C. H. Brooks (M. D. or other) D.O.

Address CENTER, MO. Date signed 6/30/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7.47.819
Date Filed JUL - 3 1947

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 Ernest Wilson, Registered Apprentice No. 490, working under my personal supervision.

Signed Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry 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.**