

FILED APR 1 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 8985

Registrar's No. 85

1. PLACE OF DEATH:

(a) County. Jackson

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

(c) Name of hospital or institution:
Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 10 days
(Specify whether years, months or days)

In this community. 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson

(c) City or town. Rural Blue Township
(If outside city or town limits, write "RURAL")

(d) Street No. Rt #3 Spring Branch & Butler Lane
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME CLARENCE LADD

3. (b) If veteran, 1

3. (c) Social Security No. 487-05-5265

name war.....

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife. Anna Pearl Ladd

6. (c) Age of husband or wife if alive. 61 years

7. Birth date of deceased. April 21st, 1880
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|-----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>67</u> | <u>10</u> | <u>13</u> |hr.min. |

9. Birthplace. Berry, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation. Millwright

11. Industry or business. Sheffield Steel Corporation

12. Name. Nathan H. Ladd

13. Birthplace. Quincy, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name. Julia Penn

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

16. (a) Informant. Mrs. Anna Pearl Ladd

(b) Address. Independence, Missouri

17. (a) Burial (b) Date thereof. 3/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mound Grove Cemetery

18. (a) Signature of funeral director. Roland R. Speaks

(b) Address. Independence, Missouri

19. (c) 3-7-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th,
year 1948 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb 23,
1948, to Mar 4, 1948
that I last saw him alive on Mar 4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Embolism

Due to. Arterio-sclerosis

Due to. Hypertension

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

PHYSICIAN

Major findings:
Of operations. 95 P

Of autopsy.....

Underline the cause of 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. Fred W. Hink (M. D. or other).....
Address. Kansas City, Mo Date signed. 3/8/48

MOTHER FATHER

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

18
4
4

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

Roland R. Stearns

Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

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.