V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9034

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 63

49
1
3

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: McCune Brooks Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 4 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

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

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Henry Grover Cleveland LEDBETTER

3. (b) If veteran, name war

3. (c) Social Security No. 500-05-9387

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 3

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 14, (Day) 1886 (Year)

8. AGE: Years 61 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Joseph C. Ledbetter 9
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Angaline Clester 9
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mr. V. I. Matthews

(b) Address Maple Grove, Mo.

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

(c) Place: burial or cremation Fasken Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 3-17-1948 (Date received local registrar) (b) L. B. Clinton M.D. 139 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th. year 1948 hour 2:50 minute A. M.

21. I hereby certify that I attended the deceased from 3 Nov 1939 to 11 Mar 1948; that I last saw him alive on 10 Mar 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumothorax, Spontaneous Lung

Due to Unknown Causes

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

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 [signature] (M. D. or other) [signature]

Address 304 Grant, Carthage Mo. Date signed 3-16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-2-176

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 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.