S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 1 5 1948

Registration District No. 4

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27076

Primary Registration District No. 4330

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution: Residence (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 6 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town East Prairie (If outside city or town limits, write "RURAL") 61

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

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM JOE LEDBETTER

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased July (Month) 10 (Day) 1874 (Year)

8. AGE: Years 74 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER

12. Name Unknown

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

MOTHER

14. Maiden name Unknown

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

16. (a) Informant William H. Ledbetter

(b) Address East Prairie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 27 1948 (Month) (Day) (Year)

(c) Place: burial or cremation W. O. W. Cemetary

18. (a) Signature of funeral director Isaac Shelby

(b) Address East Prairie, Mo

19. (a) Sep 4 1948 (Date received by local registrar) (b) Angie Harper Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26 year 1948 hour 1 minute 55 P. M.

21. I hereby certify that I attended the deceased from about Aug 1, 1948 to Aug 26, 1948 that I last saw him alive on Aug 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
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 Geo W Whitehead M.D. (M. D. or other)

Address East Prairie Mo Date signed 8-31-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 948-1158
Date Filed 9-13-48

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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.