

Registration District No. **360**Primary Registration District No. **3076**Registrar's No. **199**

## 1. PLACE OF DEATH:

- (a) County Vernon  
 (b) City or town Nevada  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
at home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: 1 in hospital or institution (Specify whether  
 years, months or days) some years

3. (a) PRINT FULL NAME Charles Ira Ledbetter3. (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 Married  
 6. (b) Name of husband or wife Lucy Ellen Ledbetter 6. (c) Age of husband or wife if alive 78 years  
 7. Birth date of deceased May 22 1869  
 (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 23 If less than one day  
 .hr. min.9. Birthplace St. Clair Co., Missouri  
 (City, town, or county) (State or foreign country)10. Usual occupation Grocery Store Operator

## 11. Industry or business

- MOTHER FATHER  
 12. Name James M. Henry Ledbetter  
 13. Birthplace Unknown Tennessee  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ann Browning  
 15. Birthplace Unknown Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles I. Ledbetter(b) Address Nevada, Mo.17. (a) Burial (b) Date thereof Dec 18 48  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Kidds Chapel Cemetery18. (a) Signature of funeral director Allen S. Kay(b) Address Nevada, Mo.19. (a) 12-30-48 (b) T. Athey Vance  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Vernon  
 (c) City or town Nevada  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 216 So. Pine  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16  
 year 1948 hour 12 minute 30 M.21. I hereby certify that I attended the deceased from  
Dec. 11, 1948 to 12-15 1948  
 that I last saw him alive on 12-13 1948  
 and that death occurred on the date and hour stated above.Immediate cause of death Cerebral and Generalized  
Atherosclerosis  
 Due to

Due to

Other conditions  
 (Include pregnancy within 3 months of death)Major findings:  
 Of operations AP

Of autopsy

Duration

## 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. Braxton Davis (M. D. or other)  
 Address Nevada, Mo. Date signed 12-17-48

RECEIVED

District Health Officer No. 71

District File Number 12-48-1513

Date Filed 1-5-49

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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.....

Bert B. Bennett....., Registered Apprentice No. 83  
working under my personal supervision.

Signed Allen V. Hayes.....

Licensed Embalmer No. 1968

P. O. Address Nevada, NV

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.