

FILED SEP 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31072

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 317

0644

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 1253 Essig		d. STREET ADDRESS (If rural, give location) / 1253 Essig	

3. NAME OF DECEASED (Type or Print) a. (First) Arvilla Ivy b. (Middle) Ledford c. (Last) Ledford			4. DATE OF DEATH (Month) (Day) (Year) September 9, 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 23, 1877	9. AGE (In years last birthday) 73	# UNDER 1 YEAR 4	# UNDER 10 HRS. 16
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) No record	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Leonidius Ledford	13b. MOTHER'S MAIDEN NAME Emma Kinney	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Bess Shields	ADDRESS Hannibal Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Found dead . Apparent Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1201
	ANTECEDENT CAUSES Senility Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION remained intact	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. Crawford Smith</i>	(Degree or title) Coroner	23b. ADDRESS 2902 Broadway Hannibal Missouri	23c. DATE SIGNED 9/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/12/50	24c. NAME OF CEMETERY OR CREMATORY Riverside	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
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DATE RECD BY LOCAL REG. 9/13/50	REGISTRAR'S SIGNATURE <i>Dr. E. Maurice</i>	25. JUNEAL DIRECTOR'S SIGNATURE <i>W. Crawford Smith</i>	ADDRESS Hannibal Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 20 1950
MARION CO. HEALTH DEPT.
DATE FILED SEP 22 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

H. Crawford Smith

Licensed Embalmer No. 7814

P. O. Address Hannibal 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.