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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26346

State File No. _____

Registration District No. 809

Primary Registration District No. 6034

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scottland
(b) City or town Rural Harrison Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scottland
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Harrison Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (c) PRINT FULL NAME WILLIAM CASH LADD
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th.
year 1941 hour 10 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from July 1 1941 to July 25 1941.
that I last saw him alive on July 25 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (b) Name of husband or wife Nancy Adaline Ladd
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 25 1839
(Month) (Day) (Year)

Immediate cause of death Chronic Heart Disease
Duration _____

8. AGE: Years 101 Months 7 Days 1
If less than one day _____ hr. _____ min.

Due to _____
Due to Senility 93d

9. Birthplace Henderson Co. 1 Kentucky
(City, town, or county) (State or foreign country)

Other conditions none
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER {
11. Industry or business _____
12. Name Richard Ladd
13. Birthplace Virginia 1 Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Marilda Beckwith
15. Birthplace 1 N. Carolina
(City, town, or county) (State or foreign country)

Physician _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Ralph Ladd
(b) Address Memphis, Mo

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? _____

17. (a) Rural (b) Date thereof July 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memphis cemetery

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

18. (a) Signature of funeral director W. W. Payne & Sons
(b) Address Memphis, Mo
19. (a) Aug 1 1941 (b) Dr. R. E. Shacklett
(Date received local registrar) (Registrar's signature)

23. Signature A. E. Platter (M. D. or other) MD
Address Memphis Mo Date signed 7/27/41

888 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number

841-1423

Date Filed

AUG 6 1941

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

J. D. Payne

Licensed Embalmer No.

2196

P. O. Address

Memphis, 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.