

No. 3-10-47  
5-17-39  
PI 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED FEB 24 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4032  
Registrar's No. 199

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: State Hospital #2.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Employed 3 years.  
(Specify whether In this community 3 years.  
years, months or days)

3. (a) PRINT FULL NAME Millie Sarah Ledbetter

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Phillip H. Ledbetter

6. (c) Age of husband or wife alive 60 years

7. Birth date of deceased July 7 1878  
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 7 If less than one day  
hr. min.

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

10. Usual occupation Attendant

11. Industry or business State Hospital NO.2.

MOTHER FATHER

12. Name C. N. Van Velt

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

14. Maiden name Bettie Boston

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

16. (a) Informant Mr. Phillip H. Ledbetter

(b) Address Employee State Hospital #2.

17. (a) Removal (b) Date thereof Feb. 16, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarkedale, Mo.

18. (a) Signature of funeral director Halter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 2-18-48 (b) E. L. Jenkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. State Hospital Hospital #2.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th  
year 1948 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from 12 7<sup>th</sup> 48, 1948, to 14 7<sup>th</sup> 48, 1948;  
that I last saw h. or alive on 14 Feb, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Small Bowel Duration 2 days

Due to Bands of adhesions

Due to \_\_\_\_\_

Other conditions 27 B  
(Include pregnancy within 3 months of death)

Major findings: Small Bowel Obstruction

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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 855 Charles Date signed 2-14-48

St Joseph mo

**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.....

*Albert C. Jamington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.**