

STANDARD CERTIFICATE OF DEATH

State File No.

3924

FILED FEB 15 1940

3038

Registrar's No.

14

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County Saline 2
(b) City or town Marshall
(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 66 yrs
years, months or days3. (a) PRINT FULL NAME Estella Ludwig 1/26

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Sail H. Ludwig 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased March 18 1873
(Month) (Day) (Year)8. AGE: Years 66 Months 10 Days 2 If less than one day _____ hr. _____ min.9. Birthplace Saline Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housekeeper

11. Industry or business _____

12. Name James Hudson13. Birthplace Ohio
(City, town, or county) (State or foreign country)14. Maiden name Susan Herndon15. Birthplace Casper Co. Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature S. H. Ludwig(b) Address Marshall Mo.17. (a) Burial (b) Date thereof Jan 23 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bridge Park Ceme18. (a) Signature of funeral director Campbell(b) Address Marshall Mo.19. (a) 1-22-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")

(d) Street No. 476 South Salt Pond
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1940 hour 10 minute 52 P M.21. I hereby certify that I attended the deceased from September, 1936, to Jan, 1940;
that I last saw h.e.y. alive on Jan 20, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Endocarditis Duration 4 yrs.

Due to _____ 54

Due to _____

Other conditions Diabetes mellitus 4 yrs.
(Include pregnancy within 3 months of death)Major findings: Of operations PHYSICIAN _____

Of autopsy _____

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 323. Signature Richard P. Muddles (M. D. or other) D.O.Address Marshall Mo Date signed 1/22/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number *114140*
Date Filed

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.....

R.W. Campbell, Registered Apprentice No.
working under my personal supervision.

Signed *R.W. Campbell*
Licensed Embalmer No. *3469*
P. O. Address *Marshall, 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, above space should be left blank.