

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7792

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 353

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>1117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2512 Mulberry</u>		d. STREET ADDRESS (If rural, give location) <u>2512 Mulberry</u>	
3. NAME OF DECEASED a. (First) <u>Ernst</u>		b. (Middle) <u>Ludwig</u>	
c. (Last) <u>Willadsen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 19 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>Oct. 19, 1977</u>
9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Swift + Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Denmark</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>C. Willadsen</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Carla Willadsen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-07-2082</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>V.E. Willadsen Caldwell, N.J.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Strangulation by hanging</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO <u>Self inflicted</u> DUE TO (c) <u>man strangled himself in his home by tying a neck</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>underware to the head rail of</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>E9741</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>a bed, looking it around his neck and meeting to the floor, producing death.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide his home</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>his home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Joseph Buchanan Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 19 - 1950 12:45 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self inflicted strangulation</u>	
22. I, hereby certify that I <del>examined</del> the deceased from <u>an</u> <u>3/19</u> , 19 <u>50</u> , to <u>an</u> <u>3/19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>an</u> <u>3/19</u> , 19 <u>50</u> , and that death occurred at <u>12:45 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. Mundy M.D. Coroner</u>		23b. ADDRESS <u>St. Joseph, Mo</u>	23c. DATE SIGNED <u>3/19/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/21/50</u>	24c. NAME OF CEMETERY OR CREATOR <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>
DATE REC'D BY LOCAL REG. <u>Mar. 23, 1950</u>	REGISTRAR'S SIGNATURE <u>E. G. Gubins</u> <u>382</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hester-Bowman St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

**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. 363

working under my personal supervision.

Signed Vern L. Johnson  
Student Embalmer

Signed William Spelling  
Licensed Embalmer No. 4525

P. O. Address 319 S. 10th St. Norfolk, Va.

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.