MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2 50M-22-36 I X9314

REC'D APR 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9501

File No. 9501

Registered No. 1107

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Research Hosp. St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME 321 Emma Ludwig
(a) Residence, No. 3614 Agnes St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph Ludwig
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29-49
7. AGE YEARS 89 MONTHS 9 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Sam'l Bishop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Ernstene Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Selma Fox 3614 Agnes.
18. BURIAL, CREMATION, OR REMOVAL PLACE Burlington Iowa DATE Mar 13 1939
19. UNDERTAKER (ADDRESS) Eylar Funeral Home K. C. Mo
20. FILED Mar 12 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1937, to Mar 11 1939
I last saw her alive on Mar 11 1939. Death is said to have occurred on the date stated above, at 4:30 P m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 3/9/39

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Other contributory causes of importance:
Arteriosclerosis - Ch. Interstitial
Nephritis - Ch. myocardial
Hypertension - Senility

Name of operation none Date of
What test confirmed diagnosis? Clinical Lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 19....
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D D Edmonds M. D.
(Address) 4800 Ex. K. C. Mo

Dr. D. D. Edmunds Da. 5949

4203 Am, Wa. 73