

JAN 8 1940  
Registration District No. 420

Primary Registration District No. 3022

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town DeSoto  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Olevia Hospital, S. Main, DeSoto  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
(Specify whether  
In this community 35 years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town DeSoto  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Ludwig. 320

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 30 1893  
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Anna, Ill. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation unemployed shoe cutter.

11. Industry or business \_\_\_\_\_

12. Name Fred Ludwig.

13. Birthplace Jackson Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Norwood.  
(City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_ Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert G. Ludwig

(b) Address DeSoto, Mo.

17. (a) burial (b) Date thereof Dec. 20, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery, DeSoto

18. (a) Signature of funeral director Motheshead

(b) Address DeSoto, Mo. 251

19. (a) 1/8-40 (b) Jeneva Danzell  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18  
year 1939 hour 10 minute 15 p.m.

21. I hereby certify that I attended the deceased from December 12, 1939, to December 18, 1939;  
that I last saw him alive on December 8, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis - Duration 6 days

Due to Influenza -  
Respiratory type 8 days

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

Other conditions: None 11/3  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy None

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 Walter E. King (M. D. or other) \_\_\_\_\_

Address DeSoto, Mo Date signed 12/20/39

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.

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**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

*J. K. Mothershead*

Licensed Embalmer No. *3531*

P. O. Address..... *Des Moines, Iowa*

**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.**