

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

43834
 Do not use this space.

1. PLACE OF DEATH
 (a) County Lafayette Registration District No. 460
 (b) Township Bever Primary Registration District No. 5623 Registered No. 69
 (c) City Carden (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Henriette Sophia Kuddes
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED OR DIVORCED HOUSBAND OR (OR) WIFE OF John Frederick Kuddes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1st 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
60 8 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as saw mill, bank, etc. our home

10. Date deceased last worked at this occupation (month and year) Nov. 1938 11. Total time (years) spent in this occupation 38

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

13. NAME Ernest William Eckhardt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Engter Germany

15. MAIDEN NAME Aima Marie Elsie Luthe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Engter Germany

17. INFORMANT Sida Kuddes (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Carden Mo DATE Dec 20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter & Meinsnerhagen Ligonville Mo

20. FILED Jan. 2 1940 T. J. Webb Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1939 to Dec 17 1939
 I last saw her alive on Dec 17 1939 Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of breast & metastases Date of onset May 1934
50
 Other contributory causes of importance: Aneurysm of aorta & Dec 17, 1939
Circulatory failure
 Name of operation mastectomy Date of May 1934
 What test confirmed diagnosis? _____ 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) ad. Johnston M. D.
413 (Address) Carden Mo

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1/5/40

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 Roy F. Wiegman
Licensed Embalmer No. 2883

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.