

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
305 Butler Street 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) Seventy one years

3. (a) PRINT FULL NAME Mary Francis Ludlow 340

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Female 5. Color or race White 6. (a) Single, widowed, married divorced married
8. (b) Name of husband or wife Levi Nathaniel Ludlow (c) Age of husband or wife if alive 71 years
7. Birth date of deceased 12 (Month) 10 (Day) 1864 (Year)

8. AGE: Years 75 Months 0 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Pettis County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Del Wesley Warren
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
14. Maiden name Mary Maggie Cook
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Levi H. Ludlow
(b) Address 305 Butler, Harrisonville

17. (a) Burial (burial, cremation, or other) (b) Date thereof 1/11/40 (Month) (Day) (Year)
(c) Place: burial or cremation Pitts Chapel Cem.

18. (a) Signature of funeral director Atkinson Bros
(b) Address Harrisonville Mo 815

19. (a) 1-10-40 (Date received by registrar) (b) (Sevensley M.D.) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Harrisonville (If outside city or town limits, write "RURAL")
(d) Street No. 305 Butler (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th
year 1940 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1-6 to 1-9, 1940
that I last saw her alive on 1-9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to arterial sclerosis
Due to Over weight
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy

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 David S Long (M. D. or other) 1
Address Harrisonville Date signed 1/10/40

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

19
C

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. 3920,
working under my personal supervision.

Signed

Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Warrensburg 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.