S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1940

15310

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 464 Primary Registration District No. 4277 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Lafayette 3

(b) City or town Odessa
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Dr. R. C. Schooleys Hospt. Room
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 Yrs.
years, months or days) 345

2. USUAL RESIDENCE OF DECEASED:

0

(a) State Missouri (b) County Lafayette

(c) City or town Rural
(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 Billie Wood Ludlum

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race W

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 April (Month) 20 (Day) 1932 (Year)

8. AGE: Years 7 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Odessa, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation 0

11. Industry or business

FATHER
12. Name Henry Ludlum 0
13. Birthplace Odessa, (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Estellene Wood.
15. Birthplace Odessa, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Joe Ludlum
(b) Address Odessa, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation McKindree Cem. Odessa

18. (a) Signature of funeral director L. C. Husman
(b) Address Odessa. Mo.

19. (a) 4/18/40 (Date received local registrar) (b) Mrs E. M. Goodwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1940 hour 8 minutes P. M.

21. I hereby certify that I attended the deceased from April 12, 1940 to April 16, 1940 that I last saw him alive on April 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pus infection

Due to appendiceal ruptured abscess

Due to operated April 12, 1940

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Ruptured appendix & abscess

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

121

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. C. Schooley (M. D. or other)

Address Odessa Mo. Date signed 4/18/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2/7/40

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 Irving L. Hessman

Licensed Embalmer No. 25-41

P. O. Address Odessa 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.