. No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28678

Registration District No. 449 Primary Registration District No. 4267 Registrar's No.

FILED SEP 15 1941

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Louise J. Wallace Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 3 mo. (Specify whether years, months or days)
In this community 3 mo 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Douglass
(c) City or town Mansfield - 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.? — 1 years.

3. (a) PRINT FULL NAME Rosella Jane Ludlow
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband ~~or wife~~ Oliver Perry Ludlow
6. (c) Age of husband ~~or wife~~ if alive 75 years
7. Birth date of deceased May (Month) 6th (Day) 1871 (Year)

8. AGE: Years 70 Months 3 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace Joliet, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ✓
FATHER
12. Name George W. Harsh
13. Birthplace Not Known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Beaver
15. Birthplace Not Known (City, town, or county) Penn (State or foreign country)
16. (a) Informant Emma Ludlow - daughter
(b) Address Lebanon - Mo
17. (a) ___ (Burial, cremation, or removal) (b) Date thereof Aug 10 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lawrence City Kans
18. (a) Signature of funeral director F. A. Stapp
(b) Address Mansfield
19. (a) 8-10-41 (Date received local registrar) (b) J. A. McCourb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th year 1941 hour 6 minute 20 P.M.
21. I hereby certify that I attended the deceased from May 13th, 1941, to Aug 7, 1941; that I last saw her alive on Aug 7 - 1941, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	4 mo.
Due to Cardio - vascular renal disease	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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

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 James L. Hope, (M. D. or other) D
Address Lebanon Date signed Aug. 7-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-41-1630
Date Filed 9-10-41

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 F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield Mo

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

If this body is not embalmed, fact should be so stated above.