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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31464**  
Registrar's No. **99**

Registration District No. **1061**

Primary Registration District No. **5385**

1. PLACE OF DEATH:

(a) County **DOUGLAS**  
(b) City or town **RURAL-Miller TWP**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community **22 yrs** years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **DOUGLAS**  
(c) City or town **RURAL MILLER TWP 31**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7 MILES SOUTH MANSFIELD**  
(If rural, give location)  
(e) Citizen of foreign country? **1** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Oliver Perry Ludlow**  
3. (b) If veteran, name war **NONE**  
3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **Rosella J. Ludlow**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **AUG 20 1866**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **1** Days **4** If less than one day  
hr. min.

9. Birthplace **LA PORTE INDIANA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **HOME FARM**

12. Name **John Ludlow**  
13. Birthplace **NOT KNOWN IN** (State or foreign country)  
14. Maiden name **Elizabeth Garber**  
15. Birthplace **NOT KNOWN IN** (State or foreign country)

16. (a) Informant **Emma Ludlow**

(b) Address **Lebanon Missouri**

17. (a) **REMOVAL** (b) Date thereof **Sept 27 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CAWKER CITY KANS.**

18. (a) Signature of funeral director **F. J. Steffe**  
(b) Address **MANSFIELD MO**

19. (a) **9-24-1941** (b) **Debra K. White**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT.** day **24**  
year **1941** hour **7** minute **10 A.M.**  
21. I hereby certify that I attended the deceased from **Sept 16 7**  
**1941** to **Sept 27** **1941**  
that I last saw him alive on **Sept 16** **1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**  
Due to **hypertension**

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) **12/18**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **F. J. Steffe** (M. D. or other) **1941**  
Address **Lebanon Mo** Date signed **9/24**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number

10472 / 1578

Date Filed

OCT 2 1941

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*J. A. Steffe*

Licensed Embalmer No. 3221

P. O. Address

*Manfield 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, fact should be so stated above.