. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7963

Registration District No. 796 Primary Registration District No. 3038 Registrar's No. 35

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

97
1
2

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 168 So. Jefferson 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 all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. So Lyon St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CLARA REGINA LUDWIG

3. (b) If veteran, name war ✓

3. (c) Social Security No. 500-10-7153

4. Sex female 1

5. Color or race white

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 Feb. (Month) 25 (Day) 1877 (Year)

8. AGE: Years 64 Months 11 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Marshall (City, town, or county) O Mo. (State or foreign country)

10. Usual occupation Teacher

11. Industry or business " "

FATHER
12. Name Earnest H. Ludwig
13. Birthplace Herrnkoschitz (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Mary C. Simon
15. Birthplace Fondulac (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant Mrs Joe McElfresh
(b) Address Marshall Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cem.

18. (a) Signature of funeral director J. Leslie Sussex
(b) Address Marshall Mo.

19. (a) 2-24-1942 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from held inquest Feb. 22, 1942, 19....; that I last saw h. ✓ alive on ✓, 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Perhaps indigestion and	
Due to gas -	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 5

23. Signature C. L. Lawless Coroner (M. D. or other)
Address Marshall Mo. Date signed 2-23-42

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-12-42

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. Leslie Dunning
Licensed Embalmer No. 3235
P. O. Address Marshall 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.