

FILED APR 7 1943

Registration District No. 35

Primary Registration District No. 5200

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Rural Wakenburg
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Rural Wakenburg
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Flora Hartman Lueders

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife Conrad Lueders 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased Feb. 5- 1894 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 1 23 hr. min.

9. Birthplace Carroll Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Hartman

13. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Caroline Weguel

15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Miss Rose Hartman

(b) Address Carrollton Mo.

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 3-30-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Stanley
(b) Address Carrollton Mo.

19. (a) 3-29-43 (Date received local registrar) (b) Mrs. James Keffey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 28 year 1943 hour 9 minute 00 A. M.
21. I hereby certify that I attended the deceased from Dec. 30th 1943 to 3-27 1943

that I last saw h. alive on 3-27 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of Lungs from breast
Due to breast

Duration 18 mos?

Due to

Other conditions (Include pregnancy within 3 months of death) if b f

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 W. B. Atwood (M. D. or other) 0
Address Carrollton Mo. Date signed 3/29/43

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

17
0
0

105

143

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-6-43

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Parrottton 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.