V. S. No. 2
0M—9-4-41
Reg. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 30 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9942

State File No.

Registration District No. 65 Primary Registration District No. 5750 Registrar's No.

21
6
0

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Rural Brunswick Tw
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 21
(a) State Missouri (b) County Chariton 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Christopher Ludden
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia Elizabeth Ludden
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased November (Month) 11 (Day) 1877 (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	3	27	hr. min.

9. Birthplace Adair (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Vernard Ludden
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Kilday Ludden
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Julia Elizabeth Ludden
(b) Address Brunswick, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Adair, Mo.
18. (a) Signature of funeral director John H. Meyer
(b) Address Brunswick, Mo
19. (a) 3/12/1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
19 year 43 hour 5.00 minute P M.
21. I hereby certify that I attended the deceased from 3-4-43, 19 to 3-8-43, 19
that I last saw him alive on 3/8/43, 19
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis
Influenza
Due to
Due to
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

Duration

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

131 f

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 Robert M. Nelson (M. D. ~~or other~~) 0
Address Brunswick, Mo. Date signed 3/10/43

1024

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-29-43

MAR 30 1943

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 K. P. McCrary

Licensed Embalmer No. 315B

P. O. Address Glasgow 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.