

NOV 15 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 336

1. PLACE OF DEATH:

(a) County PETTIS

(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 DAYS
(Specify whether years, months or days)

In this community 54 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 080

(c) City or town SEDALIA (RURAL)
(If outside city or town limits, write "RURAL")

(d) Street No. NEWLAND Mo.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELLA MESSERLY LUDEMANN

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 WIDOW

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 3 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 28
(If less than one day hr. min.)

9. Birthplace CALIFORNIA Mo D
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name LOUIS FRANCOIS MESSERLY ✓

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

14. Maiden name ELIGABETH EBERHARDT ✓

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

16. (a) Informant ELLA MAY WENTWORTH

(b) Address SEDALIA Mo.

17. (a) BURIAL (b) Date thereof 10-28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director GILLESPIE

(b) Address SEDALIA, Mo.

19. (a) 10/28/43 (b) Donna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 26TH
year 1943 hour 11:30 minute 10 M.

21. I hereby certify that I attended the deceased from 10/20 to Oct 26 1943
that I last saw him alive on Oct 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease (Aortic & Mitral) 15 yr
Duration

Due to _____

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations 92 d

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 [Signature] (M. D. or other) MD

Address SEDALIA Mo Date signed 10/27/43

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

80
6
4

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

11-2-43

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 _____

L. E. Boulestin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.