

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 47131  
Registrar's No. 5416

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
512 E. 57th St., /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether)  
6 weeks  
In this community 6 weeks (years, months or days)

3. (a) PRINT FULL NAME Henry Herman Ludeman  
3. (b) If veteran, name war no. 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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 28 1883  
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Manager

11. Industry or business Service Station

MOTHER FATHER { 12. Name Henry Ludeman  
13. Birthplace South Carolina (City, town, or county) (State or foreign country)  
14. Maiden name Anna Benrath  
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Hoffmaster  
(b) Address 512 E. 57th St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 12-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-20-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 512 E. 57th St.,  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 17th  
year 1943 hour 10:25 minute P. M.

21. I hereby certify that I attended the deceased from Oct 17  
1943 to Dec 17 19 43  
that I last saw him alive on Dec 17 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death New growth of peritoneum (malignant) Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 46h

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 Robert Jansen (M: D. or other) M.D.  
Address 2220 E 57th St. Date signed 12-18-43

Dr. Robert Jansen

Do will be by today

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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..... E. M. Plank .....

Licensed Embalmer No. 1848 .....

P. O. Address R. E. M. .....

**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.