S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6779

Registration District No. 51 — Primary Registration District No. 5181 — Registrar's No. 13

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

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

(c) Name of hospital or institution: 2 Miles East of Oak Ridge Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 80 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 2 Miles East of Oak Ridge Mo (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME GUSTAV-HENRY-LUDWIG

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

4. Sex M — 5. Color or race W — 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Minnie Ludwig — 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased January (Month) 10 (Day) 1864 (Year)

8. AGE: Years 80 — Months 1 — Days 22 — If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name John Ludwig
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Sophia Bounsack
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant John Ludwig
(b) Address Jackson Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns C. Cemetery

18. (a) Signature of funeral director Wilson-Statler-Seabaugh
(b) Address Jackson Mo.

19. (a) 3-6-1944 (Date received local registrar) (b) Henry W. Ruth (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 2d year 1944 hour midnight minute ..... M.

21. I hereby certify that I attended the deceased from Feb 1st, 1944, to Mar 2d, 1944 that I last saw him alive on Mar. 2d, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

108

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 .....

23. Signature R D Blaylock (M. D. or other)
Address Oak Ridge Mo Date signed 3-4-44

1528

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 344-354
Date Filed 3-9-44

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.