

FILED FEB 19 1944

Registration District No. 191

Primary Registration District No. 4304

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Ludlow
(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) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Livingston
(c) City or town Ludlow
(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 _____

3. (a) PRINT FULL NAME William Maack

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

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Sarah Maack 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 27 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER

12. Name John Maack
13. Birthplace Hamburg Germany
(City, town or county) (State or foreign country)
14. Maiden name Magalene Huss
15. Birthplace Hamburg Germany
(City, town or county) (State or foreign country)

16. (a) Informant Mustard Bester
(b) Address Ludlow, Mo

17. (a) Burial (b) Date thereof 1/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Airy Cem

18. (a) Signature of funeral director Raymer & Mead

(b) Address Raymer, Mo

19. (a) 1/25/44 (b) Hannah Copple
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1944 hour 8 minute 45 M.

21. I hereby certify that I attended the deceased from Jan 1
1944 to Jan 20, 1944
that I last saw him alive on Jan 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer (carcinoma) Stomach
Duration 3 yrs

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

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 no

23. Signature Wes Morse (M. D. or other) _____
Address Ludlow Mo Date signed 1-24

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

59
0
0

59

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 *Donald F. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Praym, 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.