

FILED FEB 5 1947

Registration District No. 5

Primary Registration District No. 30A

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Atwoods Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks
(Specify whether years, months or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY M. LUEDERS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1947 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 1946, to Jan 19 1947,
that I last saw him alive on Jan 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis Duration
heart disease

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

(b) Name of husband or wife Wilhelmina W. Lueders (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Sept 14 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 5
If less than one day hr. min.

9. Birthplace Madison Co. Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Conrad Lueders

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

14. Maiden name Dorothea Kipschner

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

16. (a) Informant Arthur Lueders

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 1-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley Gibson

(b) Address Carrollton Mo

19. (a) 1/21/47 (b) Mrs Verhus Oliver
(Date received local registrar) (Registrar's signature)

Due to

Due to

Other conditions Carcinoma of prostate
(Include pregnancy within 3 months of death)

Major findings: 51B
Of operations:

Of autopsy

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 0

23. Signature J. M. Swadlow (M. D. or other) MD

Address Carrollton Date signed 1-21-47

WHILE FILING - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-31-47

AUG 15 1947

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, W.

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.