

FILED MAY 5 1947

Registration District No. 167

Primary Registration District No. 6409

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Garden City, Rural
(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 life years, months or days

3. (a) PRINT FULL NAME Rilla Halcomb Ludwig

3. (b) If veteran, name war _____ 3. (c) Social Security No. 30

4. Sex Fe / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Omer Ludwig 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Oct. 26 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Hiram Halcomb
13. Birthplace Kentucky
14. Maiden name Carolyn Newlin
15. Birthplace Kentucky

16. (a) Informant Cecil Ludwig
(b) Address Garden City, Missouri

17. (a) Burial (b) Date thereof 3-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Index Cemetery

18. (a) Signature of funeral director J. M. Bauffman

(b) Address Garden City, Mo.

19. (a) April 15, 1947 (b) Miss O. Redford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1947 hour 9 minute _____ M.

21. I hereby certify that I attended the deceased from Nov 1945 to Feb-28 1947 that I last saw h. ev alive on Feb 27 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastritis

Due to Cardiac Embolism

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gyp
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? 2

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. ... (M. D. or other) Do
Address Garden City Date signed 3/3/47

MAR 23 1959

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

J. M. Kauffman

Licensed Embalmer No. *1030*

P. O. Address *Garden City, 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.

May
14

Registration District No. 167

Primary Registration District No. 5609

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural
(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

3. (a) PRINT FULL NAME

Rilla H. Ludwig

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 26
(Month) (Day) (Year)

8. AGE:

Years 73

Months _____

Days _____

(If less than one day)

hr. _____ min. _____

9. Birthplace _____

(City, town, or county)

(State or foreign country) mo

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(Date received local registrar)

(b) _____

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Year 1948
hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

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 _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

13942