

FILED JUL 15 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

20329

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2906</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Alabama</u> b. COUNTY <u>Mobile</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (If in this place) <u>3 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mobile</u>		<u>8010-1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2112 Summit</u>				d. STREET ADDRESS (If rural, give location) <u>106 East Talley Court</u>			
3. NAME OF DECEASED a. (First) <u>Edwin</u> (Type or Print)			b. (Middle) <u>Francis</u>		c. (Last) <u>Ludwig</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>30</u> (Year) <u>1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Nov. 24, 1894</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gulf Ship Bldg. Corp. Chickasha, Ala.</u>		11. BIRTHPLACE (State or foreign country) <u>Garard, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Sylvester Benjamin Ludwig</u>			13b. MOTHER'S MAIDEN NAME <u>Lorinda Rose Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NUMBER <u>486-10-4798</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Wm. Verle Yerian 2112 Summit K. C. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma upper &amp; I. tract</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>15<sup>+</sup></u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of upper &amp; I. operated out of town</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 27, 1950</u> , to <u>June 30, 1950</u> , that I last saw the deceased alive on <u>June 30, 1950</u> , and that death occurred at <u>2:15pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. P. Klepinger</u> (Degree or title) <u>D. P. Klepinger M.D.</u>				23b. ADDRESS <u>300 Argyle Bldg. K.C. Mo.</u>		23c. DATE SIGNED <u>7-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-1-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>	
DATE REC'D BY LOCAL REG. <u>7-1-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Werner Mortuary</u>		ADDRESS <u>K. C. Kansas</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr D P Klepinger Argyle Bldg, VI 3124

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*John Chick Werner*

Licensed Embalmer No. *2598*

P. O. Address. *Kansas City Kan*

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.