REC'D JUN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18519
Do not use this space.

1. PLACE OF DEATH
(a) County: Jasper
(b) Township:
(c) City: Carthage
Registration District No. 408
Primary Registration District No. 3020
Registered No.
(d) Street No. , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 68 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary E. Long
(a) Residence, No. 606 Howard St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22 1858
7. AGE: Years 79 | Months 5 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lipton Iowa

FATHER
13. NAME Sam S. Long
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

MOTHER
15. MAIDEN NAME Lydia Gaby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yellow Springs Ohio

17. INFORMANT Mrs. Carrie Bathurst
(ADDRESS) 606 Howard - Carthage, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE May 27 1938
19. FUNERAL DIRECTOR (NAME) Knees Mortuary
(ADDRESS) Carthage Missouri
20. FILED May 27, 1938 E. J. McIntire M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to May 23, 1938
I last saw her alive on May 23, 1938. Death is said to have occurred on the date stated above, at 12:45 m P.M.
The principal cause of death and related causes of importance were as follows:

Paralysis
result of cerebral complication of probably repeated strokes.

Date of onset: Indefinite
Contributory causes - Comment: Arteriosclerosis - Indefinite

Other contributory causes of importance:
Arteriosclerosis & Myocardial degeneration.

Name of operation: Date of
What test confirmed diagnosis: Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. K. Cordonnier, M. D.
(Address) Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. Stacy Knell-Buckwell

Licensed Embalmer No. 2510

P. O. Address.....

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, above space should be left blank.