

REC'D SEP 13 1938

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

28121
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Rao Primary Registration District No. 11002
(c) City Kansas City (d) Street No. Conley Hospital Registered No. 3432
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ressie O Long
(a) Residence, No. 1312 West Walnut St. Independence, Mo.
(Usual place of abode, if no street address, write county or city) (If non-resident, 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles O Long
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 8 25
8. Trade, profession, or particular kind work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. at home
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) Arthur Missouri
13. NAME Andy Ray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arthur Missouri
15. MAIDEN NAME Ressie Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana Mo Co
17. INFORMANT (ADDRESS) Ray O Long
Resident Independence Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Grove DATE Aug 31 1938
19. FUNERAL DIRECTOR (ADDRESS) George C. Carlson
Independence Mo
20. FILED Aug 31 1938 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1938 to Aug 25 1938.
I last saw him alive on Aug 20 1938. Death is said to have occurred on the date stated above, at 5:40 p.m.
The principal cause of death and related causes of importance were as follows:
Paralytic Illness
Uterine Fibrosis
Other contributory causes of importance:
Name of operation Hysterectomy Date of Aug 8
What test confirmed diagnosis? Chrom. Falls (Is 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? _____
If so, specify _____
(Signed) C. A. King D.O.
(Address) Conley Clinical Bldg

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, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)