

DEPT SEP 27 1938

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

29523
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 214
(b) Township Burris Fork Primary Registration District No. 5774B Registered No. 8
(c) City..... (d) Street No.....
(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 Isephene Isabell Long

(a) Residence, No. Russellville, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3rd, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 2 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife

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) Mt. Pleasant Missouri.13. NAME Phiney Miller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Lucy McKinsie16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Olean, Mo.17. INFORMANT Mrs. K.A. Carney (ADDRESS) Russellville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Allon Cem. DATE Aug. 14th, 193819. FUNERAL DIRECTOR (NAME) G.N. Steffens (ADDRESS) Russellville, Mo.20. FILED Aug 13, 1938 Mrs. Mabel Barbour Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13th, 1938, 19

I HEREBY CERTIFY, That I attended deceased from Aug 10 to Aug 13.
I last saw him alive on Aug 10, 1938. Death is said to have occurred on the date stated above, at I.R.H.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditisDate of onset ?

Other contributory causes of importance:

Senility

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) Robt. B. Murrell, M.D.(Address) Russellville, Mo.

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.....

Licensed Embalmer No.....

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.