

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.

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

44151
Do not use this space.

DEC'D JAN 20 1938

1. PLACE OF DEATH

(a) County Pike Registration District No. 689
 (b) Township Buffalo Primary Registration District No. 3033
 (c) City Louisiana (d) Street No. Pike Co. Hosp Registered 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

(a) Residence, No. 520 Not named Long St. _____
808 So. Car (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-30-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 _____ 0 _____ 10 _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Louisiana Mo

FATHER 13. NAME Wm E Long

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co Mo

MOTHER 15. MAIDEN NAME Annabel Schippizo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill

17. INFORMANT (ADDRESS) Wm E Long Louisiana Mo

18. BURIAL (CREMATION) OR REMOVAL PLACE Louisiana Mo DATE 12/1/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm E Long Louisiana Mo

20. FILED 12/1/38 Wm E Long Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30/38

22. I HEREBY CERTIFY, That I attended deceased from 11-30, 1938, to 11-30, 1938

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:05 m.

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

(Premature Birth) 6 minutes
 unable to breathe 159-
 Date of onset _____

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis? ll Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury tra
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Wm E Long, M. D.
 (Address) Louisiana Mo

RECEIVED

District Health Officer No. 10

District File Number 10-38-969

Date Filed 1/2/39

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,

Not embalmed

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.