JAN 17 1941

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

43461
Do not use this space.

1. PLACE OF DEATH
(a) County Harrison 1 Registration District No. 334
(b) Township Primary Registration District No. 4197 Registered No. 83
(c) City Bethany 1 (d) Street No. Wood Hospital 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 yrs. mos. 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 1452 Sarah Ellen De Long
(a) Residence, No. Colfax Twp., Harrison Co., Mo. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. De Long
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1869
7. AGE YEARS 70 MONTHS 7 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Appleton Wisconsin 1

FATHER
13. NAME Peter Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 4

MOTHER
15. MAIDEN NAME Almira Cole 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT (ADDRESS) John F. De Long Lamoni, Iowa
18. BURIAL, CREMATION, OR REMOVAL PLACE Lamoni Iowa DATE 12/19 1939
19. FUNERAL DIRECTOR (ADDRESS) Rollin S. White Lamoni Iowa
20. FILED 12-18 1939 A. L. Wiseman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1939, to Dec 18, 1939
I last saw her alive on Dec 18, 1939. Death is said to have occurred on the date stated above, at 1a m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the Liver and Complications of Angina Pectoris. 8

Date of onset

Other contributory causes of importance: 46

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Ernest L. Wood 3, M.D.
(Address) Bethany Mo. 3

(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.

RECEIVED
District Health Officer No. 11,
District File Number 140-1941
Date Filed JAN 13 1940

STATEMENT BY LICENSED EMBALMER

I, Robin S. White, Licensed Embalmer No. 3895

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Robin S. White

L. E.

No. 3895 or by, Registered Apprentice No.

working under my personal supervision.

Signed Robin S. White

Licensed Embalmer No. 3895

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.)