

No. 2
-11-10-39
-5-17-39
X21492

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
600 West 57th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Mrs. Mamie Sue Long
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arch Orville Long, sr.
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March 15 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 14
If less than one day hr. min.

9. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name James M. Batterton
18. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emma Price Shook
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant D. O. Long
(b) Address 600 West 57th Street

17. (a) Burial (b) Date thereof July 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation W. H. Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newman, Sr.
(b) Address 1401 Brush Creek Blvd.

19. (a) July 30, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 600 West 57th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? --- years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29 year 1940 hour 12 minute 10 P.M.
21. I hereby certify that I attended the deceased from 5-24 1940 to 7-29 1940
that I last saw h. W alive on 7-29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus Duration 2 yrs

Due to 48
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Inoperable Carcinoma of uterus
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature Gene Willhulmy (M. D. or other)
Address Playa med Body Date signed 7-29-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-2
213
A
2
M
2
2

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 Ernie M. Calhoun

Licensed Embalmer No. 3506

P. O. Address R. C. Mo.

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.