

Registration District No. 441

Primary Registration District No. 4259

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Knox
 (b) City or town Edina Mo.
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Life years, months or days

3. (a) PRINT FULL NAME ELLA S. Long 52A
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex F 5. Color or race W.
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife James E. Long
 6. (c) Age of husband or wife if alive _____ years
 Birth date of deceased maid - 12 - 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 3 4 hr. min.

9. Birthplace Edina Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Honey keeper

MOTHER FATHER
 { 12. Name Henry Stander
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Marie Stander
 15. Birthplace Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant Effie D. Stander
 (b) Address Edina Mo.
 17. (a) Burial (b) Date thereof Aug-18-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Linnville Cemetery

18. (a) Signature of funeral director Keith Hudson
 (b) Address Edina Mo.
 19. (a) Aug 18 1940 (b) Mr. C. M. Smith
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
 (c) City or town Edina
 (If outside city or town limits write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
 year 1940 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from May
1 1940 to Aug 15 1940
 that I last saw her alive on Aug 15 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis Duration _____

Due to 4/0

Due to _____

Other conditions Lungs perhaps tubercular & 3/4
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy no

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?
375 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature C. E. Luman (M. D. or other) _____
 Address Edina Mo Date signed Aug 16 1940

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

RECEIVED

District Health Officer No. 10

District File Number 9-40-1743

Date Filed SEP 10 1940

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

Keith Hudson

Licensed Embalmer No.

2415

P. O. Address

Edina 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.