

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37870
State File No.
4468
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

REC'D DEC 11 1940

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

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:
1316 Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 18 yrs
years, months or days)

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. 1316 Charlotte
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22nd
year 1940 hour 5:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from
Nov. 17th, 1940, to Nov. 22nd, 1940;
that I last saw her _____ alive on 11-22-40, 19____;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME LELIA DELONG
3. (c) Social Security No. no
8. (b) If veteran, name war No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Harry De Long 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 25 1864
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 27 If less than one day
_____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Brown
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Amanda J. Russell
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fannie Crumly
(b) Address 715 East 13 St.

17. (a) Burial (b) Date thereof Nov. 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cem

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) 11-24-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

Immediate cause of death Carcinoma of lung
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 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)
(c) Means of injury _____
23. Signature General Hoop #2 (M. D. or other) _____
Date signed _____

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 James Clair Shepperd, Registered Apprentice No. 244 working under my personal supervision.

Signed

James E. Hurst

Licensed Embalmer No. 1621

P. O. Address

918 Brooklyn R.C.

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.