

FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4697
Registrar's No. 31

Registration District No. 875 Primary Registration District No. 16160

1. PLACE OF DEATH:

(a) County Vernon Center Mo
(b) City or town Revere - Center Mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Revere - Center Mo
(If outside city or town limit write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Elia Josephine Longstreth
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1941 hour 6:00 minute 45A. M.
21. I hereby certify that I attended the deceased from March 3, 1939, to Jan 29, 1941;
that I last saw her alive on Jan 28, 1941;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Clifton Longstreth
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 28, 1860
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage
Duration 1 Month

8. AGE: Years 80 Months 10 Days 1
If less than one day _____ hr. _____ min.

Due to Generalized arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Millersburg, Iowa
(City, town or county) (State or foreign country)
10. Usual occupation Home work

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Wm Wagner
13. Birthplace Ia.
(City, town or county) (State or foreign country)
14. Maiden name Elina Abbott
15. Birthplace Ia.
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Longstreth
(b) Address St. Louis, Mo
17. (a) Burial (b) Date thereof 1-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park
18. (a) Signature of funeral director Martha Eichinger
(b) Address Nevada, Mo.
19. (a) Jan 25 1941 (b) Allen V. Hays
(Date received local registry) (Registrar's signature)

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? _____
795 (Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature Allen V. Hays (M. D. or other) MD
Address Revere Mo Date signed 1/30/41

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

RECEIVED

District Health Officer No. 7
District File Number 2-41-232
Date Filed 2-5-41

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 *Frank C. King*

Licensed Embalmer No. 2656

P. O. Address Nevada 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.