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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 10 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21216

Primary Registration District No. 1001

Registrar's No. 3 678

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2017 Sylvania (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 2017-Sylvania (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Irene Elizabeth Long
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Guy Long
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased 8 (Month) — 19 (Day) — 1908 (Year)

8. AGE: Years 32 Months 10 Days 10 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) MO (State or foreign country)
10. Usual occupation Y.W.C.A. Secty
11. Industry or business
FATHER
12. Name William Harry Bell
13. Birthplace St. Joseph (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name Ada A. Williams
15. Birthplace Parsons (City, town, or county) Kansl (State or foreign country)
16. (a) Informant Guy Long
(b) Address 713 S. 22nd. Parsons Ks.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cem.
18. (a) Signature of funeral director Graves Fun Home
(b) Address 806 S. 17th St
19. (a) July 3, 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1941 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from June 28, 1941 to June 29, 1941 that I last saw her alive on June 29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Do not know

Due to —

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration: 9 hrs days

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? 85 (Specify type of place)
While at work? (e) Means of injury
23. Signature Taylor N. Goodson (M. D. or other) MD
Address 109 1/2 W. Mo. Ave Date signed 7-3-41

(Licensed Embalmer's Statement on Reverse Side)

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. A. T. Moore

Licensed Embalmer No. 948

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.