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FILED SEP 6 1941

Registration District No. **275**

Primary Registration District No. **6162**

Registrar's No. **237**

1. PLACE OF DEATH:

(a) County **Vernon**
(b) City or town **Nevada**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital no 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **3 months 17 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Rogersville**
(If outside city or town limits, write "RURAL")
(d) Street No. **none** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **21.8A** years.

8. (a) PRINT FULL NAME **MARY FRANCES-LONG**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **separated**
6. (b) Name of husband or wife **Fred Long** 6. (c) Age of husband or wife if alive **unknown** years
7. Birth date of deceased **Sept 30 1876**
(Month) (Day) (Year)

8. AGE: Years **64** Months **10** Days **29** If less than one day _____ hr. _____ min.

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

10. Usual occupation **housework**

11. Industry or business **none**

MOTHER FATHER { 12. Name **William Barnett**
13. Birthplace **unknown Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Phoebe Barnett**
15. Birthplace **unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records State Hosp no 3**
(b) Address **Nevada, Mo.**

17. (a) **Burial** (b) Date thereof **Aug 2 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Removed to Springfield**

18. (a) Signature of funeral director **Ralph Thune 3681**
(b) Address **1100 Boonville Springfield, Mo**

19. (a) **Aug 2 1941** (b) **Allen D. Long**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **2**
year **1941** hour **7** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **April 16 1941** to **Aug 2 1941**;
that I last saw her alive on **Aug 2 1941**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Degenerative Myocarditis**

Due to _____
Due to _____

Other conditions **Hypertensive Heart Disease**
(Include pregnancy within 6 months of death) **Generalized Arteriosclerosis**
Major findings:
Of operations **none**

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**
(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 **Paul L Barone** (M. D. or other) **M.D.**
Address **State Hosp no 3** Date signed **Aug 2 1941**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

200 3 032 40

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1598

Date Filed 9-4-41

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 Ralph Thorne (Dougherty)

Licensed Embalmer No. 3681

P. O. Address 1100 Bonville Springs

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.