

FILED JAN 22 1941

Primary Registration District No. 4172

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett, MO Tenn
(If outside city or town limits, write "RURAL" and name of township)

(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 41-3-16 years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin ³⁵

(c) City or town Kennett ²
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ⁰

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Burth Lee Long

3. (b) If veteran, name war _____

3. (c) Social Security No. 997-05-0632

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1941 hour 12 minute 45 M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife R. L. Long 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Aug 22, 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 4, 1941, to Dec 5, 1941; that I last saw her alive on Dec 5, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

41 3 16 hr. _____ min.

Immediate cause of death Pulmonary Tuberculosis ³⁷ years

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

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 13 ft 1

10. Usual occupation House Keeper

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER { 11. Industry or business _____

12. Name Marrison M. Collins

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Addie M. Curley

15. Birthplace Kennett MO
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant R. L. Long

(b) Address Kennett MO

While at work? _____ (Specify type of place)

(e) Means of injury h

23. Signature George Schmal ¹⁰⁰
(M.D. or other)

Address Kennett MO Date signed 11-8-41

17. (a) Burial (b) Date thereof 12-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Lutz Wood Co

(b) Address Kennett MO

19. (a) 12/7/1941 (b) Julia Blankenship
(Date received local registrar) (Registrar's signature)

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

25
2
2

40

RECEIVED
District Health Office No. 2
District File Number 142-37
Date Filed 1-16-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.