S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1942

Registration District No. 163

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30628

Primary Registration District No. 3031

Registrar's No. 49

50
2
2

1. PLACE OF DEATH:

(a) County: Jefferson
(b) City or town: DeSoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1303 Easton /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 4 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jefferson 50
(c) City or town: Rueal (Big River) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.: Route 2 DeSoto
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: MARY CELECY LONG

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female / 5. Color or race: White / 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Thomas Henry Long

6. (c) Age of husband or wife if alive: 90 years

7. Birth date of deceased: July 20 1867 (Month) (Day) (Year)

8. AGE: Years 75 | Months 2 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace: Jefferson Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Louis Rogers Reiter
13. Birthplace: ? (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name: ?
15. Birthplace: ? (City, town, or county) ? (State or foreign country) 9

16. (a) Informant: Cecile Dolson
(b) Address: 1303 Easton St - DeSoto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 27 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Rural (Bethlehem)

18. (a) Signature of funeral director: Lee Mothershead
(b) Address: DeSoto, MO.

19. (a) 10-3-42 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1942 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from 9-2, 1942, to Sept 25, 1942 that I last saw her alive on Sept 25, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia.	
Bronchial	9-2-42
Due to:	
107	
Due to:	
Other conditions (Include pregnancy within 3 months of death): High Blood Pressure	
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Chas E Fallin (M. D. or other)
Address: De Soto Mo Date signed 9-26-42

387

(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 J Lee Mothushiac

Licensed Embalmer No. 3521

P. O. Address De Soto Mi

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.