

S. No. 2
4-9441
5-17-39
I X29824

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6685**

ED MAR 11 1943
Registration District No. **763**

Primary Registration District No. **3031**

Registrar's No. **13**

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

1. PLACE OF DEATH:
(a) County **Jefferson**
(b) City or town **DeSoto**
(c) Name of hospital or institution: **Fifth at Pratt.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
In this community **25 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jefferson**
(c) City or town **DeSoto**
(d) Street No. **Fifth at Pratt**
(e) Citizen of foreign country? **No**
If yes, name country _____

3. (a) PRINT FULL NAME **FRANCIS LONG**
(b) If veteran, name war **No**
(c) Social Security No. **No**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
(b) Name of husband or wife **Mary Hawkins**
(c) Age of husband or wife if alive **Deceased**
7. Birth date of deceased **April 14, 1858**

8. AGE: Years **84** Months **10** Days **8**
If less than one day hr. _____ min. _____

9. Birthplace **Bellefontaine Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **John Long**

13. Birthplace **Washington Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Smith**

15. Birthplace **Washington Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Long**
(b) Address **DeSoto, Mo.**

17. (a) Burial (b) Date thereof **Feb. 25, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blackwell Mo. (Mason)**

18. (a) Signature of funeral director **Lee Mothershead**
(b) Address **DeSoto, Mo.**

19. (a) **3-25-43** (b) **Sam Spencer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **22**
year **1943** hour **10** minute **40** P.M.

21. I hereby certify that I attended the deceased from **Feb - 1**
to **Feb - 22**
that I last saw him alive on **Feb - 22**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial degeneration of heart**
Duration **not known**

Due to _____
Due to **92k**
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
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? _____

23. Signature **Walter C. Gibson** (M. D. or other) _____
Address **De Soto, Mo.** Date signed **2-24-43**

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. E. Mottushead*
.....
Licensed Embalmer No. *3531*

P. O. Address *Dato 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, fact should be so stated above.