

FILED MAR 17 1943

Registration District No. 162

Primary Registration District No. 4174

Registrar's No. _____

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Cardwell, Mo.
(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 One year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 35
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mildred DeLong

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Louis DeLong 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Nov. 22 1911 (Month) (Day) (Year)

8. AGE: Years 31 Months 2 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Clea Frost

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

14. Maiden name Kara Russell

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

16. (a) Informant James DeLong

(b) Address Cardwell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 3 - 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Cardwell

18. (a) Signature of funeral director Lloyd Russell

(b) Address Cardwell

19. (a) 2-4-43 (Date received local registrar) (b) M. G. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st year 1943 hour 3:00 minute 4 M.

21. I hereby certify that I attended the deceased from Jan 31 1943 to Feb 1 1943; that I last saw her alive on Feb 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Post partum Hemorrhage 3 hrs Duration _____

Due to _____
Due to 1460

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations Pregnancy

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. G. Moore (M. D. or other) _____
Address Cardwell Date signed 2-3-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

005

146c

RECEIVED
District Health Office No. 2,
District File Number 345-382
Date Filed 3-16-48

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.