V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1943

Registration District No. 293

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6004

State File No. 18780

Registrar's No.

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

87
0
0

1. PLACE OF DEATH:

(a) County: Ralls

(b) City or town: Saverton Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ralls 87

(c) City or town: Saverton
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME: Frances M. Long

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: 9 Widowed

6. (b) Name of husband or wife: Robert Sloan Long

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

7. Birth date of deceased: July 9, 1852 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	9	22	hr. ..... min.

9. Birthplace: Mercer County Pennsylvania 1
(City, town, or county) (State or foreign country)

10. Usual occupation: xx

11. Industry or business: xx

FATHER
12. Name: Samuel G. Sheasley
13. Birthplace: No record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Rutter
15. Birthplace: No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Clarence Johnson
(b) Address: Saverton Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/5/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Olivet

18. (a) Signature of funeral director: Wm. M. Smith
(b) Address: 902 Broadway

19. (a) 5-4-43 (Date received local registrar) (b) R. Berking (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1943 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1941 ..... 19..... to May 3 1943 ..... 19..... that I last saw her alive on Feb-10 1943 ..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-vascular - Renal Disease	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131a

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: J. H. Hargesa (M. D. ~~or other~~)

Address: Hannibal Mo. Date signed May 7-1943

1191 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-1038
Date Filed JUN 9 1943

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: George T. Bond, Registered Apprentice No. 350, working under my personal supervision.

Signed Wm M. Smith

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.