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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29171

Registration District No. 301 Primary Registration District No. 6035 Registrar's No. 1911

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town 7 mi. North of Doniphan (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether

In this community 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 499

(c) City or town Edwardsville Ill. (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Elizabeth Lucane Long

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 7 (Month) 28 (Day) 1942 (Year)

8. AGE: Years X Months 11 Days 4 If less than one day hr. min.

9. Birthplace Edwardsville (City, town, or county) Ill. (State or foreign country)

10. Usual occupation

11. Industry or business Infant.

FATHER
12. Name Francis Long
13. Birthplace Edwardsville (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Bessie Crook.
15. Birthplace Ripley Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Francis Long.

(b) Address Edwardsville, Ill.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-4-43. (Month) (Day) (Year)

(c) Place: burial or cremation Edwardsville Ill.

18. (a) Signature of funeral director F. E. Jordan.

(b) Address Doniphan Mo.

19. (a) 7-6-43 (Date received local registrar) (b) E. D. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1943 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 7-2-1943, to 19 ; that I last saw her alive on 7-2-1943; and that death occurred on the date and hour stated above.

Immediate cause of death Ileo-colitis Bronchitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 190

Major findings: Of operations

Of autopsy

Duration

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. Edw. Adamson (M. D.)

Address Doniphan, Mo. Date signed 7/8/43

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(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.....

Licensed Embalmer No. 3200.

P. O. Address Springfield, 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.