

LED NOV 8 1943  
Registration District No. 357

Primary Registration District No. 6211

Registrar's No. 4

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

760

1. PLACE OF DEATH:

(a) County. TEXAS

(b) City or town. RURAL ROLANDOUX  
(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. 1  
(Specify whether \_\_\_\_\_)

In this community 33 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. TEXAS 107

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

(d) Street No. 3 mi SOUTH PLATO, MO  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME. EULISSA JANE LONG

8. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

4. Sex FEMALE race WHITE

5. Color or race \_\_\_\_\_

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

6. (b) Name of husband or wife. TOM LONG

6. (c) Age of husband or wife if alive. 76 years

7. Birth date of deceased. Nov. 16 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 11 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace. CROCKER MO  
(City, town, or county) (State or foreign country)

10. Usual occupation. HOUSE WIFE

11. Industry or business. 2

MOTHER FATHER

12. Name. JOSEPH RANDALL

13. Birthplace. TENN.  
(City, town, or county) (State or foreign country)

14. Maiden name. MELVINA ROOK

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

16. (a) Informant. TOM LONG

(b) Address. PLATO, MO

17. (a) BURIAL (b) Date thereof. 10/31/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. MT. PISCAT

18. (a) Signature of funeral director. Gaylord V. Elliott

(b) Address. HOUSTON, MO

19. (a) 10/31/43 (b) Stella McLaughlin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 29  
1943 year. 3 hour 45 minute P.M.

21. I hereby certify that I attended the deceased from OCT. 5, 1943, to OCT. 29, 1943, that I last saw her alive on OCT. 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. CEREBRAL APOPLEXY

Due to. HYPERTENSIVE CARDIO-RENAL VASCULAR DISEASE

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 12/a

Of operations. \_\_\_\_\_

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. L. M. Dillman (M. D. or other) M.D.

Address. Houston, Mo Date signed 10-30-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 1142644

Date Filed 11-6-43

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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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston 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, above space should be left blank.