

S. No. 2  
M-9-4-41  
Rev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2305  
State File No. ....  
Registrar's No. 33

FILED FEB 9 1944

Registration District No. 47

Primary Registration District No. 3008

14  
1  
2

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:  
Stal Hospital # 12  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9m 16-days  
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New Madrid

(c) City or town New Madrid  
(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 Louis DeLong

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1944 hour 2 minutes 35 P. M.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased: March 30 1911  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-8-1943 to 1-23-1944  
that I last saw him alive on 1-23-1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
32 10 23 hr. min.

Immediate cause of death Pulmonary Tuberculosis Duration

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

10. Usual occupation Farmer

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 12/1

11. Industry or business.....

12. Name OK

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

14. Maiden name OK

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Record

(b) Address.....

17. (a) Jurnal (b) Date thereof 1-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Grounds

18. (a) Signature of funeral director H. B. Wade

(b) Address 712 Grand Ave, Fulton MO

19. (a) 1-29-1944 (b) Joseph M. Smith  
(Date received local registrar) (Registrar's signature)

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 H. E. Smith (M. D. or other).....  
Address Fulton MO Date signed 1/27/44

(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.....

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.**