

1. PLACE OF DEATH:

(a) County Ralls

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

(c) Name of hospital or institution: Perry, Missouri /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 85 Yrs.  
- years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls

(c) City or town Perry, Missouri  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret Ann Long

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joe Long 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 22, 1846  
(Month) (Day) (Year)

8. AGE: Years 97 Months 2 Days 99 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Daniel Sapp

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

14. Maiden name Harriet Rowley

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

16. (a) Informant Emmett Long  
(b) Address Perry, Missouri

17. (a) Burial (b) Date thereof Jan. 13, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Welf Cemetery

18. (a) Signature of funeral director Clyde Wiley  
(b) Address Perry, Missouri

19. (a) 1/12/44 (b) Mrs. Carl Perkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 11th, year 1944 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from Dec. 26, 1943, to Jan 10, 1944; that I last saw her alive on Jan. 10, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: 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)

(c) Means of injury 2

23. Signature E. T. Swan (M. D. or other) D.O.  
Address Perry, MO. Date signed 1/12/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 2-44-365

Date Filed FEB 2 1944

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.....

Clyde Wilkey....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clyde Wilkey.....

Licensed Embalmer No. 3520.....

P. O. Address Peay, 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.