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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12459

State File No.

Registration District No. 374 Primary Registration District No. 6276 Registrar's No. 113

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Rural East Union Twp. (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
In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Worth
(c) City or town Sheridan Rural (If outside city or town limits, write "RURAL")
(d) Street No. West of Isadorah Mo (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ~~N~~ NAOMI French Long
3. (b) If veteran, name war
3. (c) Social Security No. /

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oliver Long
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Sept (Month) 24 (Day) 1868 (Year)
8. AGE: Years 75 Months 4 Days If less than one day hr. min.
9. Birthplace Johnstown (City, town, or county) Pa. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business "
FATHER 12. Name James Graham
13. Birthplace Johnstown (City, town, or county) Pa (State or foreign country)
MOTHER 14. Maiden name Zella Coy
15. Birthplace Johnstown (City, town, or county) Pa (State or foreign country)
16. (a) Informant Oliver Long
(b) Address Sheridan Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 26 (Day) 44 (Year)
(c) Place: burial or cremation Isadorah Cemetery
18. (a) Signature of funeral director John Andrews
(b) Address Grant City Mo
19. (a) Feb 15-1944 (Date received local registrar) (b) Arthur Scadden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24 year 1944 hour 10: PM minute M.
21. I hereby certify that I attended the deceased from Dec 10- 1944 to Jan 24 1944 that I last saw her alive on Jan 22 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation of heart — Duration 5 yrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Influenza — 10 days
Major findings: Of operations ✓
Of autopsy 92

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 O J Kassner (M. D. or other)
Address Grant City Mo Date 2-1-44

1077

(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.....

John Andrews Jr, Registered Apprentice No.....

working under my personal supervision.

Signed John Andrews Jr

Licensed Embalmer No. 4211

P. O. Address Grant City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.