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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

Registration District No. 3174

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12460 State File No.

Primary Registration District No. 6273-4549 Registrar's No.

1. PLACE OF DEATH:

(a) County Nork

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

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

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

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North 113

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

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

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Sarah Margret 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 William Long

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Oct. (Month) 13 (Day) 1862 (Year)

8. AGE: Years 81 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Grant City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William Fletchall

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

14. Maiden name Edith Ann Lingstaff

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

16. (a) Informant William Long

(b) Address Grant City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-44 (Month) (Day) (Year)

(c) Place: burial or cremation Grant City Cem.

18. (a) Signature of funeral director Funk & Dunfee

(b) Address Grant City, Mo.

19. (a) Feb. 15-44 (Date received local registrar) (b) Adline Scaddan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9 year 1944 hour 8 P. minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 15 1944, to Feb 9 1944, that I last saw her alive on Feb 8 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia — Duration 5 Yrs.

Due to

Due to

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

Major findings: Of operations V

Of autopsy No

167a

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) V

(b) Date of occurrence V

(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 V

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 2-10-44

1104

(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... Jack C. Dunlee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.