

FILED JUL 11 1944

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 191

1. PLACE OF DEATH:

(a) County Maxion
(b) City or town Harrison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2627 Market St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Maxion 64
(c) City or town Harrison
(If outside city or town limits, write "RURAL")
(d) Street No. 2627 Market
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Mary Jane Long

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or FR 6. (c) Age of husband or wife if alive. 2 years
7. Birth date of deceased August 27 1852
(Month) (Day) (Year)

8. AGE: Years 91 Months 9 Days 29 If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business

12. Name ADAM PETTY
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET KERRY
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. L. Powell
(b) Address 2627 Market Harrison MO

17. (a) BURIAL (b) Date thereof MAY 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cem. Ashburn MO

18. (a) Signature of funeral director James O'Connell
(b) Address Harrison MO

19. (a) 6-7-44 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th year 1944 hour 6:29 minute M.

21. I hereby certify that I attended the deceased from 18th 1943 to May 26 1944
that I last saw her alive on May 23 1944
and that death occurred on the date and hour stated above

Immediate cause of death Senile debility
arterio sclerosis

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 97

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

23. Signature Just a death Date signed 6-6-44
Address Harrison MO

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0434

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..... *Michael J. O'Donnell*
Licensed Embalmer No..... *3246*
P. O. Address..... *Hannibal 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.