

S. No. 2  
M-5-43  
v. 5-17-39  
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28038

FILED AUG 25 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 394

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Jasper  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 316 Penn Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 7 1/2 years years, months or days)

3. (a) **PRIME** FULL NAME Emma Elizabeth Long gear

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 1

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

7. Birth date of deceased Nov 3 - 1916  
(Month) (Day) (Year)

8. AGE: Years 27 Months 9 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Housewife

12. Name Ben F. Love

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

14. Maiden name Mary Farguhar

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

16. (a) Informant Lester Long gear

(b) Address Camp Crowder, Mo

17. (a) Burial (b) Date thereof 8-7-44  
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Gark Memorial Cem

18. (a) Signature of funeral director Thornhill Diller

(b) Address Jasper Mo

19. (a) 8-11-44 (b) Glenn H. Shuster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Jasper  
(If outside city or town limits, write "RURAL")  
(d) Street No. 316 Penn Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5  
year 1944 hour 9:25 minute a M.

21. I hereby certify that I attended the deceased from 8-4-44 to 8-5-44  
that I last saw her alive on 8-4-44  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Chronic pulmonary tuberculosis

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) (e) Means of injury \_\_\_\_\_

23. Signature R. P. Laney (M. D. or other) \_\_\_\_\_

Address Jasper, Mo Date signed 8-7-44

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

1204

44-8-665

FEB 7 1947

JAN 13 1947

AUG 29 1947

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.....

*David Dillon*

Licensed Embalmer No..... 3898

P. O. Address..... Joplin, 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.