

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28468

FILED SEP 19 1944

Registration District No. 260

Primary Registration District No. 4396

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Pemiscot County

(b) City or town Wardell
(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 _____)

In this community 40 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

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

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

3. (a) PRINT FULL NAME Mary Russel Long

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

4. Sex F. M. 5. Color or race white

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Henry Clay Long 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan. 1 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month August day 12th year 1944 hour 9:55 minute 10 P. M.

21. I hereby certify that I attended the deceased from aug 11, 1944 to aug 11, 1944 that I last saw her alive on aug 11 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart Duration one day

8. AGE: Years 62 Months 7 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Do not know (City, town, or county) _____ (State or foreign country) 9

10. Usual occupation House wife

11. Industry or business _____

12. Name Do not know

13. Birthplace " " " " (City, town, or county) _____ (State or foreign country) 9

14. Maiden name Do not know (State or foreign country) _____

15. Birthplace " " " " (City, town, or county) _____ (State or foreign country) 9

16. (a) Informant Jessie Long

(b) Address Wardell Mo.

17. (a) Burial (b) Date thereof Aug 12 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell, Mo.

18. (a) Signature of funeral director H. Smith, Russel Home

(b) Address Caruthersville, Mo.

19. (a) 8-31-1944 (b) _____
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature J. Gullett (M. D. or other) _____
Address Wardell Date signed 8-12-44

590

8-44-188

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.....

Licensed Embalmer No.....

P. O. Address.....

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.