

FILED SEP 13 1944

Registration District No. 3442

Primary Registration District No. 6153

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Brownwood, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

GERTIE E. LONG

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William Bird Long 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased April 1, 1877  
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 3 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bollinger Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Baker

13. Birthplace Mo S  
(City, town, or county) (State or foreign country)

14. Maiden name Delitha Abernathy

15. Birthplace Mo S  
(City, town, or county) (State or foreign country)

16. (a) Informant William Bird Long

(b) Address Brownwood, Mo.

17. (a) Burial (b) Date thereof June 5, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownwood Cen. Brownwood, Mo.

18. (a) Signature of funeral director Clayton Morgan  
(b) Address Advance, Mo.

19. (a) June 4, 1944 (b) M. R. Thumacher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard  
(c) City or town Brownwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1944 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1939, to June 4, 1944,  
that I last saw her alive on an injury, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

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 2

23. Signature E. C. Master (M. D. or other) DO.  
Address Advance, Mo. Date signed 7/21/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 94-1235

Date Filed 9-11-44

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

Not Embalmed, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Lloyd S. Morgan

Licensed Embalmer No.

3861

P. O. Address

Advance, 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.