

S. No. M-843 5-17-39 I X37823

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

37642

State File No.

FILED NOV 20 1944

Registration District No. 20

Primary Registration District No. 4123

Registrar's No. 72

1. PLACE OF DEATH: (a) County Douglas (b) City or town Ava (c) Name of hospital or institution (d) Length of stay: In hospital or institution (e) Citizen of foreign country? (Yes or No) In this community few days visiting

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County 47 (c) City or town Kansas City (d) Street No. (e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Wilma Ruth Long (b) If veteran, name war (c) Social Security No. None

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month August day 15 year 1944 hour about 11 minute 30 P. M. 21. I hereby certify that I attended the deceased from ... 19... to ... 19... that I last saw h... alive on ... and that death occurred on the date and hour stated above. Immediate cause of death

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single (b) Name of husband or wife (c) Age of husband or wife if alive years 7. Birth date of deceased September 23, 1932 (Month) (Day) (Year)

Due to ... 1931 10/30

8. AGE: Years 11 Months 10 Days 22 If less than one day hr. min.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

Major findings: Of operations Of autopsy

10. Usual occupation Schoolgirl

11. Industry or business

12. Name George Long 13. Birthplace Noble, Missouri (City, town, or county) (State or foreign country) 14. Maiden name Rose May Beach 15. Birthplace Glenco, Okla. (City, town, or county) (State or foreign country)

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

16. (a) Informant George L. Long (b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof 8-18-44 (Month) (Day) (Year) (c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home (b) Address Ava, Missouri

23. Signature M. C. Bentley (M. D. Embalmer) Address Ava Date signed 8-28-44

19. (a) 9-1-1944 (Date received local registrar) (b) Lula Spurlock (Registrar's signature)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6,
District File Number 1144-1181
Date Filed NOV 17 1944

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 *W B Hutchinson*

Licensed Embalmer No. *3431*

P. O. Address *Area 123*

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.