

Registration District No. 300

Primary Registration District No. 5176

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Camden
(b) City Rural England Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Camden
(c) City Rural England Twp
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Georgia Delores Long
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 22
year 1944 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec 2 1944
18 to Dec 22 1944
that I last saw her alive on Dec 21 1944
and that death occurred on the date and hour stated above.

4. Sex 1 Girl 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 2 1944
(Month) (Day) (Year)

Immediate cause of death Spina Bifida
Due to Congenital Deformity
Duration 20 days

8. AGE: Years Months Days If less than one day
0 0 20 0 hr. 0 min.

Due to _____
Due to _____

9. Birthplace Camden Co - Mo. 11
(City, town, or county) (State or foreign country)

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

10. Usual occupation Infant

Major findings: Of operations 157

MOTHER FATHER
11. Industry or business _____
12. Name Oda Long
13. Birthplace Pulaski Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Alice Rowden
15. Birthplace Camden Co - Mo. 11
(City, town, or county) (State or foreign country)

Of autopsy none
Underlines the cause to which death should be charged statistically.

16. (a) Informant Oda Long
(b) Address Route 1 Richland Mo

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Dec 23/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place of burial or cremation Pleasant Hill Cemetery
18. (a) Signature of funeral director Edrick Wilson _____
(b) Address Richland Mo
19. (a) Dec 30 1944 (b) Edrick Wilson
(Date received from registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of Injury _____
28. Signature Overt A. Oliver (M.D. or other) _____
Address Richland Mo. Date signed Dec 23/44

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

505

RECEIVED

District Health Officer No. 7,

District File No. 12-44-1520

Date Filed 1-12-45

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.

Not Embalmed

Signed *R. B. Jester*

Licensed Embalmer No. 3198

P. O. Address *Ridgeland 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, above space should be left blank.