S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5421

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 915 W. La Harpe 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair 1

(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL")

(d) Street No. 915 W. La Harpe 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ELLA LONGWITH.

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

4. Sex F. 1 | 5. Color or race W. | 6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Jno. T. Longwith | 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased SEPT. (Month) 15" (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	4	14	hr. ..... min.

9. Birthplace Knox Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business same

FATHER
12. Name Thomas Power
13. Birthplace Knox Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Catherine Clemson
15. Birthplace (City, town, or county) Scotland 4 (State or foreign country)

16. (a) Informant J. T. Longwith
(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31" 45 (Month) (Day) (Year)
(c) Place: burial or cremation Hardland Cemetery

18. (a) Signature of funeral director Foster R. Easley
(b) Address Brashear, Mo.

19. (a) 2-12-45 (Date received local registrar) (b) Bro. J. L. Wagner (Registrar's signature)

1049

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 28" year 1945 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 6, 1945, to Jan 21, 1945, that I last saw her alive on Jan 21, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary ~~Occul~~ Occlusion due

Due to Coronary sclerosis

Due to Hypertensive heart disease

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 2

23. Signature Wm. C. Kelly (M. D. or other) DO

Address Kirksville, Mo. Date signed 2-24-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-25-409
MAR 8 1949
Date Filed

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 Foster R. Easley.

Licensed Embalmer No. 1146

P. O. Address Bracken, 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.