

FILED MAY 16 1945

Registration District No. _____

Primary Registration District No. 5714

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

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Rural Peneville
(c) Name of hospital or institution: None
(d) Length of stay: 15 yrs
In this community 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County McDonald
(c) City or town Rural Peneville, Mo
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MARGARET ALBERT LONG

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife OTIS LONG 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased May 6 1903

8. AGE: Years 39 Months 11 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Missouri

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Dechler

13. Birthplace Not known

14. Maiden name Barne Adappa

15. Birthplace North Carolina

16. (a) Informant Blair Long

(b) Address Peneville, Mo.

17. (a) Burial (b) Date thereof 4 12 45

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

18. (a) Signature of funeral director Wm. M. Jones

(b) Address Wheeler, Mo.

19. (a) mays-45 (b) Ona Martin

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1945 hour 7 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Broken neck Internal injuries cause by cyclone

Other conditions: _____

Major findings: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 4-12-45

(c) Where did injury occur? Peneville, McDonald Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? _____ (e) Means of injury Broken neck

23. Signature R. M. Humphrey

Address Peneville, Mo. Date signed 4-15-45

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 187-8 19

PHYSICIAN

Underline the cause to which death should be charged statistically.

1205

RECEIVED
District Health Officer No. 6,
District File Number 545-528
Date Filed MAY 12 1945

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, ~~by~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm Morris Pogue
Licensed Embalmer No. 3442
P. O. Address Wheaton, 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.