. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27077

Registration District No. 60 Primary Registration District No. 5235 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town ~~Jerico Springs, Missouri~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Benton Twp, Rural
XXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community XXXX
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 20

(a) State Missouri (b) County Cedar
(c) City or town ~~Jerico Springs~~ Benton Twp Rural
(If outside city or town limits, write "RURAL")
(d) Street No. XXXX
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME LUCY LONG

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

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. M. Long
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased January 6, 1868 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Elm Springs, Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business XXXX

FATHER
12. Name William M. Essex
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Routh
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant J. M. Long
(b) Address Jerico Springs, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Hall Cemetery
18. (a) Signature of funeral director CHURCH AND NEALE
(b) Address Stockton, Missouri
19. (a) July 6, 1945 (Date received local registrar) (b) J. B. Schock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-2 day
year 1945 hour 4 pm minute M.
21. I hereby certify that I attended the deceased from 7-1-, 1945 to 7-2, 1945
that I last saw her alive on 7-2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrage
Due to Hypertention & arteriosclerosis
Due to
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

23. Signature G. B. Bannister (M. D. or other)
Address Jerico Springs Mo Date signed 7-3-45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-45-829
Date Filed 8-14-45

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.

Signed Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.