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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30418

State File No.

Registration District No. 88 Primary Registration District No. 5325 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Crawford

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community about 2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford 28

(c) City or town Huzzah (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary 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 Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 7 (Day) 1867 (Year)

8. AGE: Years 77 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Farmington (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Care of home

11. Industry or business

FATHER
12. Name John Levering
13. Birthplace St. Genevieve (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Amanda Santee
15. Birthplace Farmington (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Claude Long
(b) Address Desloge, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. (Month) 1 (Day) 1945 (Year)
(c) Place: burial or cremation St. Francois Desloge

18. (a) Signature of funeral director C. Z. Boyer
(b) Address Desloge, Mo.

19. (a) 10-1 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th
year 1945 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from 21 Sept, 1945 to 27 Sept, 1945
that I last saw her alive on 20 Sept, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arnie Myocarditis — Duration 1 yr

Due to

Due to

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

Major findings:
Of operations
Of autopsy

93d

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 R. A. Claude (M. D. or other)
Address 1148 Pierre Bldg St Louis Mo Date signed

1556 (Licensed Embalmer's Statement on Reverse Side)

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 Durlin T. Draper

Licensed Embalmer No. 3460

P. O. Address Oregon 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.