

STANDARD CERTIFICATE OF DEATH

Registration District No. 290

Primary Registration District No. 5987

State File No. 42189

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rural--- Union  
(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 years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Donna Pearl Long

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

4. Sex Female / 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 6 13 1937  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

8	5	25	hr. min.
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9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Elmer Long

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mrytle Mae Williams

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Long  
(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 12/10/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheppard

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 12-14-1945 (b) Chas M. Dodd  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8  
year 1945 hour 5 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Dec 6  
1945 to Dec 7, 1945  
that I last saw h. or alive on Dec 7, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Lobular pneumonia Duration 3 days

Due to influenza

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 336

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Douglas Galt (M. D. or other) do  
Address Dixon, Mo Date signed 12/10/45

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

**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.....

*Dec 8 - 45*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Fred W. Gilkey*

Licensed Embalmer No..... 2341

P. O. Address..... Dixon, Missouri

**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.**