

FILED FEB 8 1946

State File No. _____
 Registrar's No. 20

Registration District No. 38 Primary Registration District No. 3006

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
234 Hirth Ave. /
(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 15 Months

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia
(If outside city or town limits, write "RURAL")
 (d) Street No. 234 Hirth Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JUDY FAYE LONG
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 21
 year 1946 hour 8 minute P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 10 - 2 - 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 44
to Jan, 1946 to Jan 21, 1946
 that I last saw him alive on Jan 21 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
1 3 19 hr. _____ min.

Immediate cause of death
Cerebral edema
 Due to Congenital Internal Hydrocephalus & Birth Hemorrhage
 Due to Capillary Pneumonia
 Other conditions 10% starting
(Include pregnancy within 3 months of death)

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy 20 1570
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER { 12. Name Howard Long
 13. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Amilda Shouse
 15. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Long
 (b) Address 234 Hirth Ave., Columbia, Mo.
 17. (a) Burial (b) Date thereof 1-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Millersburg

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? _____

18. (a) Signature of funeral director Parner Funeral Service
 (b) Address Columbia, Mo.
 19. (a) 1-24-46 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address 825 E. Broadway Date signed 1/23/46

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

064

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 2-2-46

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 M. D. Whitrides
Licensed Embalmer No. 3893
P. O. Address Columbia, 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.