S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2147

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 61

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Methodist Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether

In this community 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL")

(d) Street No. 508 North 9th 1 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Ida Long

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John K. Long

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 21st. 1875 (Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 25 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Luke Arnett,
13. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown 0 (State or foreign country)

16. (a) Informant John K. Long 1

(b) Address 508 North 9th. Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Neatan BeGole & Bowman

(b) Address 319 So. 10th. Street,

19. (a) Jan. 19, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1946 hour 8 minute 15 A M.

21. I hereby certify that I attended the deceased from 1-4-46, 19, to 1-16-46, 19; that I last saw her alive on 1-16-46, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embolism - probably pulmonary	~~[illegible]~~
Due to Fracture of femur.	2 wks.
Due to Fall	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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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) accident

(b) Date of occurrence 1-4-46 1.31

(c) Where did injury occur? Her home - St Joseph Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury fall

23. Signature Paul Forgrave (M. D. ~~or other~~) MD.

Address St Joseph, Mo Date signed 1-16-46

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(Licensed Embalmer's Statement on Reverse Side)

Forgrave
Lyz. Jarvan

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~~ 16 Jan 46

....., Registered Apprentice No. ✓ ,

working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St Joseph, 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.