

S. No. 2
M-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8277
Registrar's No. 20

Registration District No. 360 Primary Registration District No. 3076

1. PLACE OF DEATH:
(a) County Season
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Season 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. 60477 Main 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harriet A. Long
3. (b) If veteran, name war ✓
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 31
year 1946 hour _____ minute _____ M. ✓
21. I hereby certify that I attended the deceased from 9-15, 1942, to 1-31, 1946

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Robert E. Long
6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased Jan 25 1863
(Month) (Day) (Year)

that I last saw her alive on 1-31, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Angina pectoris with arteriosclerotic heart disease & hypertension
Duration _____

8. AGE: Years 83 Months 0 Days 6
If less than one day hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

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

10. Usual occupation Homekeeper

Major findings: Of operations _____

11. Industry or business _____
12. Name Oliver Kinsey
13. Birthplace Philadelphia Pa
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Hooker
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

Of autopsy 940
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. W. A. Corlock
(b) Address Nevada Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Feb 3 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harrowsville, Mo.

(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) (e) Means of injury 0

18. (a) Signature of funeral director Ray Turner
(b) Address Nevada Mo.
19. (a) 2-11-46 (b) Walter Jancy
(Date received local registrar) (Registrar's signature)

23. Signature W. A. Corlock (M. D. or other) _____
Address Nevada, Mo. Date signed 2-1-46

331

(Licensed Embalmer's Statement on Reverse Side)

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

7215

RECEIVED

Death Officer No. 7,

Number 2-46-192

Date Filed 2-8-46

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 Allen J. Kaye

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.