S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

33151

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1946

State File No. 34326

Registration District No. 261

Primary Registration District No. 3-0-4-9 5902

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti Rural
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

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

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

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Martha Lavern Long

3. (b) If veteran, name war no

3. (c) Social Security No. n o

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 Sept. (Month) 17 (Day) 1946 (Year)

8. AGE: Years 0 | Months 0 | Days 15 | If less than one day _____ hr. _____ min.

9. Birthplace Hayti Rural (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Infant

11. Industry or business _____

FATHER
12. Name James Long /
13. Birthplace Trezevant (City, town, or county) Tenn. (State or foreign country) /

MOTHER
14. Maiden name Syble Lavern Kelly
15. Birthplace unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant James Long
(b) Address Hayti Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation Hayti Mo.

18. (a) Signature of funeral director Valhalla Funeral Home
(b) Address Hayti Mo.

19. (a) 10-5-46 (Date received local registrar) (b) L. Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2, year 1946 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__; that I last saw h_____ alive on _____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death in my estimation this child was mashed by the mother ~~XX~~ while they were asleep in the same bed

Due to the fact the baby was bleeding from the nose and mouth.

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

186B
19

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 78
(b) Date of occurrence 10/2/46
(c) Where did injury occur? Hayti Rural (City or town) Pemiscot (County) Mo. (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 _____

23. Signature Jack Kelley (M. D. or other) Coroner 5
Address Hayti Mo. Date signed _____

365

(Licensed Embalmer's Statement on Reverse Side)

16-46-214

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.....

Licensed Embalmer No.....

P.O. Address.....

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, above space should be left blank.