S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9764

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 611 So. Pine St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 85 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 57
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. 611 Pine St.,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME ELIZABETH HOGAN 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 widowed
6. (b) Name of husband or wife James P. Long
6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased August 28, 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	8	2	hr. min.

9. Birthplace Chilhowee, Missouri. (City, town, or county) (State or foreign country) O
10. Usual occupation at home
11. Industry or business at home
FATHER
12. Name David Hogan
13. Birthplace Chilhowee, Missouri (City, town, or county) (State or foreign country) O
MOTHER
14. Maiden name Mary Givens
15. Birthplace Bowling Green, Ky. (City, town, or county) (State or foreign country)
16. (a) Informant W. A. Long,
(b) Address Forsythe, Missouri
17. (c) burial (Burial, cremation, or removal) (b) Date thereof 4/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Missouri
18. (a) Signature of funeral director Canaday & Ropp
(b) Address Holden, Missouri
19. (a) April 1, 1947 (Date received local registrar) (b) Mrs G V Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1947 hour 2/15 minute P M.
21. I hereby certify that I attended the deceased from March 30, 1946 to March 30, 1947 that I last saw her alive on March 30, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Gen Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations —
Of autopsy —

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? (Specify type of place)
While at work? (e) Means of injury O

23. Signature Kelly Rawlins (M. D. or other)
Address Holden Mo Date signed 3/31/47

150 (Licensed Embalmer's Statement on Reverse Side)

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 H M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden 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.