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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21779

Registration District No. 251

Primary Registration District No. 5859

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Shedden RFD
(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 years, months or days)

In this community 63 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison

(c) City or town Shedden RFD
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME EMMET L. KONG

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 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 Nov 24 1884
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1947 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from Feb 16 1947 to June 19 1947 that I last saw him alive on June 9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of Heart

Due to Chronic Myocarditis

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 63 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Shedden RFD MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

MOTHER FATHER { 12. Name Almoren Long

13. Birthplace Quincy Ill
(City, town, or county) (State or foreign country)

14. Maiden name Quincy W. Long

15. Birthplace Quincy Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Appleman

(b) Address Shedden

17. (a) Burial (b) Date thereof 6-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burr Oak Cem

18. (a) Signature of funeral director Campbell

(b) Address Maryville Mo

19. (a) 4/12/47 (b) Bess Holt
(Date received by registrar) (Registrar's signature)

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? 2

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature H. J. Burkholder (M. D. or other) no

Address Shedden Mo Date signed 6/11/47

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

JUN 23 1955

DISTRICT HEALTH OFFICE
Cameroon, Mo.

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

G. M. Atchison

Licensed Embalmer No. *2279*

P. O. Address *Mayfield, 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.