

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 206

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Community Nursing Home #1 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Rutnam 86
 (c) City or town Powersville 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No 1
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Flora Bell Long
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 6 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 21 If less than one day hr. _____ min. _____

9. Birthplace: Unknown Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER
 12. Name Jacob Doman
 13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Minervia Dillon
 15. Birthplace Peoria Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Effie Long
 (b) Address Gillette, Wyo.

17. (a) Burial (b) Date thereof 7/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Powersville, Mo

18. (a) Signature of funeral director D. B. Riley
 (b) Address Kirksville, Missouri

19. (a) 8-4-47 (b) Wate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 27
 year 1947 hour 6 minute 4 M.
 21. I hereby certify that I attended the deceased from Feb 1
2 1947 to July 27 1947;
 that I last saw her alive on July 26 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Granulation
 Due to Thrombotic encephalomalacia
 Due to Atherosclerosis
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

Duration 4 days
 years _____
 years _____
 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?
 While at work? _____ (Specify type of place) (e) Means of injury 2
 23. Signature M. T. Katerwala or other De
 Address Kirksville, Mo Date signed 7-27-47

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

RECEIVED
District Health Officer No. 10-
District File Number 8-47-1039
Date Filed AUG 11 1947

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.....
Kenneth Slavens....., Registered Apprentice No. 418
working under my personal supervision.

Signed *D. E. R. [Signature]*.....
Licensed Embalmer No. 4181
P. O. Address. Kirksville, 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.