

FILED AUG 7 1947

Registration District No. **47**

Primary Registration District No. **5707**

Registrar's No. **271**

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural Ambrose
(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 25 yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural Ambrose
(If outside city or town limits, write "RURAL")
(d) Street No. / (If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Arucilla Catherine Long

3. (b) If veteran, name war / 3. (c) Social Security No. /

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 Jan 12 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 17 If less than one day hr. min.

9. Birthplace New Port Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business /

12. Name Anderson, Hutchens

13. Birthplace Middle Brook Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Hill

15. Birthplace Amble Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Myra Long

(b) Address Aut wiss, Mo

17. (a) Burial (b) Date thereof July 31, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aut wiss, Mo

18. (a) Signature of funeral director Hughes Maupin

(b) Address Aut wiss, Mo

19. (a) July 31, 1947 (b) Joan Moudhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 29 to July 29, 1947, that I last saw him alive on July 29 and that death occurred on the date and hour stated above.
Immediate cause of death Stroke
Brain

Due to /

Due to /

Other conditions /
(Includes pregnancy within 3 months of death)

Major findings: 107
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?
/

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

23. Signature H. B. Nichols (M. D. or other)

Address Aut wiss, Mo Date signed 7-31-47

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

Date Filed 8-6-47

District File Number

District Health Officer No. 9,

RECEIVED

[Handwritten scribbles and illegible text]

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 Hughes Manpin

Licensed Embalmer No. 2358

P. O. Address Durvasse, MD.

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.