

S. No. 2
M-5-43
7-5-17-39
P 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31027

Registration District No. 139 Primary Registration District No. 4221 Registrar's No. 56

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

1. PLACE OF DEATH:
(a) County Halt
(b) City or town Mound City Mo
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Halt #4
(c) City or town Maitland Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY MATILDA LONG
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 14 year 1947 hour 6 minute 30 P M.
21. I hereby certify that I attended the deceased from Sept 13 1947 to Sept 14 1947 that I last saw her alive on Sept 13 1947 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Andrew Long 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 9 1 1858
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Due to _____
Duration _____

8. AGE: Years Months Days If less than one day
89 7 13 hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Unknown Ind (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER
12. Name Jahny Rendall
13. Birthplace Unknown Ind (City, town, or county) (State or foreign country)
14. Maiden name Maria Parks
15. Birthplace Unknown Ind (City, town, or county) (State or foreign country)

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? 0

16. (a) Informant Mrs Jessie Chantano
(b) Address Spokane Mo

17. (a) Burial (b) Date thereof 9-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Liberty

18. (a) Signature of funeral director Joseph Bell While at work? _____ (Specify type of place)
(b) Address Maryville Mo (c) Means of injury _____

23. Signature W. Perry (M. D. or other) MD
Address Mound City Mo Date signed 9-15-47

19. (a) 9-15 (b) _____
(Date received local registrar) (Registrar's signature)

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. Atkinson

Licensed Embalmer No. 2279

P. O. Address Monroeville 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.