S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35184

Registration District No. 254

Primary Registration District No. 5867

Registrar's No.

75
0
0

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer (Rural)
(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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Thayer (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Mary Ellen Wales Longley

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Longley

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March (Month) 10 (Day) 1920 (Year)

8. AGE:

Years	Months	Days	If less than one day
26	6	3	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Bert Wales
13. Birthplace Thayer (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Teresa Rolen
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant James Longley
(b) Address Thayer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cem.

18. (a) Signature of funeral director Leland Carter
(b) Address Thayer, Mo.

19. (a) 10-2-47 (Date received local registrar) (b) Edith Lerass (Registrar's signature) 21.4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1947 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sep 10, 1947 to Sep 13, 1947
that I last saw her alive on Sept 13, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma (from male on head & Secondary	4 years
Due to Carcinoma of Colon	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature CW Cooper (M. D. or other) MD

Address Thayer Mo Date signed 9-19-47

Cooper

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 104568
Date Filed 10-17-47

APR 21 1950

APR 19 1950

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.