

FILED FEB 5 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1843

Registration District No. 227

Primary Registration District No. 5805

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Monroe.
(b) City or town Rural (Jefferson Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Perry, Missouri R.F.D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe. 69
(c) City or town Perry, Missouri R.F.D.
(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 Lucille Marshall Long.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-28-5774

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 23, 1900
(Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 1 If less than one day hr. _____ min.

9. Birthplace Ralls County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business Home

MOTHER FATHER { 12. Name Sam M. Johnson. (1)

13. Birthplace Ralls County Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Theodocia Johnson.

15. Birthplace Unknown Indiana.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Betty Fry
(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 1-25-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center, Missouri.

18. (a) Signature of funeral director Clifford Wisney

(b) Address Perry, Missouri.

19. (a) Jan. 31, 1948 (b) Elbert Baker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th.
year 1948 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 10, 1948, to Jan. 23, 1948; that I last saw her alive on Jan. 23, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Tumor attached to liver & Kidney

Due to _____

Due to _____

Other conditions 56
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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)
(c) Means of injury _____

23. Signature E. T. Swan (M. D. or other) DO

Address Perry, Mo. Date signed 1-25-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FEB 26 1948

RECEIVED
District Health Officer No. 10
District File Number 2-48-201
Filed FEB -3-1948

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 Olyde Wilkey
Licensed Embalmer No. 3820
P. O. Address Perry, 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.