No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1948

Registration District No. 372

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7494

Primary Registration District No. 3071

Registrar's No. 1

1. PLACE OF DEATH:

(a) County: Saline.

(b) City or town: Slater Mo.
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Saline 97

(c) City or town: Slater Mo 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Eliza Goin.

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

3. (c) Social Security No. .....

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow 2

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

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

7. Birth date of deceased: May (Month) I (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	8	5	hr. ..... min. 0

9. Birthplace: Renick Mo. (City, town, or county) ..... (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business .....

FATHER
12. Name: Thomas Longdon
13. Birthplace: ..... (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Cookshot 1
15. Birthplace: ..... (City, town, or county) England 4 (State or foreign country)

16. (a) Informant: Mrs Roy Piper
(b) Address: Slater Mo

17. (a) Burial-Cremat (Burial, cremation, or removal) (b) Date thereof: Jan 9 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cem. Higbee Mo

18. (a) Signature of funeral director: Joe W Burton
(b) Address: Higbee Mo

19. (a) Jan. 12, 1948 (Date received local registrar) (b) Mrs. Earl C. Metz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1948 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from March 1, 1947, to Jan 6, 1948; that I last saw h. or alive on Jan 6, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Dilitation of Heart	1 hr.
Due to: Chronic Myocarditis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy: 93D

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature: [illegible] (M. D. or other) M.D.
Address: [illegible] Mo Date signed 1-8-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-4-48

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 E W Fremont

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.