

Primary Registration District No. 4427

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

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Waynesville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: DeWitt Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 hrs  
In this community All Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller  
(c) City or town Iberia  
(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 Margaret Emily Long  
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8th  
year 1948 hour 8 minute 43 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife James Long 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 17, 1871  
(Month) (Day) (Year)

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above

Immediate cause of death Crushed Chest  
Systemic Hypertension  
Fracture Skull

8. AGE: Years 77 Months 7 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Auto accident  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Harley Long  
(b) Address Iberia, Mo.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 1.6  
(b) Date of occurrence 9/7/48 9:30 A.M.  
(c) Where did injury occur? Iberia Miller Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
ON Highway 17.  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Crushed Chest

17. (a) Burial (b) Date thereof Sept. 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director Walter V. Hedges  
(b) Address Iberia, Missouri

23. Signature R.B. Dejeu Date signed 9/8/48  
Address Richland Mo.

19. (a) 9-11-48 (b) Helma C. Buckthorp  
(Date received local registrar) (Registrar's signature)

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**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.....

..... Walter P. Hedges ....., Registered Apprentice No.....  
working under my personal supervision.

Signed Walter P. Hedges .....

Licensed Embalmer No. 4265 .....

P. O. Address. Iberia, Missouri .....

**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.**