S. No. 300
M—10-47
v. 5-17-39
D I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 17 1948

Registration District No. 335

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6118

State File No. 39088

Registrar's No. 33

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Oran Rural Sylvaina Twnshp
(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 9 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Oran, Mo. R. F. D. #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LINDA SUE LONG

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 31 (Day) 1944 (Year)

8. AGE: Years 3 Months 10 Days 9 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Roy Long
13. Birthplace Wayne Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Josephine Lawson
15. Birthplace Texas County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Roy Long
(b) Address Oran, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Friend Cemetery

18. (a) Signature of funeral director Earl J. Smith
(b) Address Oran, Mo.

19. (a) 11/2/48 (Date received by local registrar) (b) E. R. MacCready (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10 year 1948 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cardiac Asthma

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature Orville Taylor (M. D. or other) Coroner
Address Libertas Mo Date signed 10-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 48-1526
Date Filed 11-13-48

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 Earl J. Smith

Licensed Embalmer No. 3676

P. O. Address Cron, 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.