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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1948

Coleman

Registration District No. 53

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39533

Primary Registration District No. 3010

Registrar's No. 391

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

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Southeast Missouri Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks (Specify whether years, months or days)

In this community 2 weeks

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. 7 Miles North of Sikeston on Hiway 61
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Esta Mae Long

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

3. (c) Social Security No.: X

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: child D

6. (b) Name of husband or wife:

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

7. Birth date of deceased: 11 (Month) 2 (Day) 1947 (Year)

8. AGE: Years 1 | Months 0 | Days 8 | If less than one day hr. min.

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

10. Usual occupation: Child

11. Industry or business:

FATHER
12. Name: J. C. Burton
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ethel Long
15. Birthplace: Lutesville (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mrs Emma Long
(b) Address: Morley, Mo. R.F.D. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lutesville, Mo.

18. (a) Signature of funeral director: H. W. Albritton
(b) Address: Sikeston, Mo.

19. (a) 12-16-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10 year 1948 hour ~~2~~ 3 minute 45 p. M.

21. I hereby certify that I attended the deceased from Oct 28, 1948, to Nov 10, 1948 that I last saw him alive on Nov 10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenzal meningitis	2 wks
Due to: Acute respiratory infection	
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: J. H. Cochran (M. D.)

Address: Cape Girardeau Mo Date signed 12/14/48

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 1248-158
Date Filed 12-20-48

MAY 20 1949

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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Sebastopol

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.