

Registration District No. 300

Primary Registration District No. 6029

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Rural Logan
(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
In this community
years, months or days)

3. (a) PRINT FULL NAME Millie Long

3. (b) If veteran, name war
3. (c) Social Security No.

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

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 2 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	2	13	hr. min.

9. Birthplace Ms. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Ammon Wolf

13. Birthplace Ms. (State or foreign country)

14. Maiden name unk

15. Birthplace unk (State or foreign country)

16. (a) Informant Therman Long
(b) Address Pueblo Mo.

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof Jan 11-49 (Month) (Day) (Year)

(c) Place: burial or cremation Fairchild Cemetery near Ellington Mo.

18. (a) Signature of funeral director
(b) Address neighbors

19. (a) Jan 15-49 (Date received local registrar)
(b) Essie Evans (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 Mi Southwest of Ellington
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15
year 49 hour minute M.

21. I hereby certify that I attended the deceased from 10-24 1948 to 1-13 1949
that I last saw her alive on 1-13 1949
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to Pulmonary infarct
Coronary artery
Due to Lung

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 5
Of autopsy 16

Duration

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) (e) Means of injury

23. Signature Glenn Newover (M. D. or other)
Address Ellington Mo. Date signed 1-17-49

WHILE FAMILIAR - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED 1-18-49
DISTRICT HEALTH OFFICE No. 5
District File Number 14967
Date Filed 1-22-49

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.....
Licensed Embalmer No.....
P.O. Address.....

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.