

REC'D APR 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10885
Do not use this space.

1. PLACE OF DEATH
 (a) County Henry Registration District No. 347
 (b) Township _____ Primary Registration District No. 3615 Registered No. _____
 (c) City Clinton (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Margaret Francis Long 52.0
 (a) Residence, No. Collins mo RR St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leslie Long
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1910
 7. AGE YEARS 27 MONTHS 6 DAYS 15 If LESS than 1 day, _____ hrs. _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun mo
 FATHER 13. NAME Walter Meyer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) nodaway co mo
 MOTHER 15. MAIDEN NAME Frankie C Hall
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton mo
 17. INFORMANT (ADDRESS) Leslie Long Collins mo RR
 18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 4/14/38
 19. FUNERAL DIRECTOR (ADDRESS) Consolus & Peers Clinton mo
 20. FILED 4-16 1938 Dr J. R. Hampton Local Registrar. 312

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13 1938
 22. I HEREBY CERTIFY, That I attended deceased from 4-13 1938, to 4-13 1938.
 I last saw her alive on 4-13 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Diphtheria
 Date of onset 4-9-38
 Other contributory causes of importance: 10
 Name of operation none Date of _____
 What test confirmed diagnosis? Bacteriological Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Anton V. Dawson, M. D.
 (Address) 516 East Jefferson St Clinton mo

WRITE CAREFULLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J. E. Consoles, Licensed Embalmer No. 1891

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed J. E. Consoles
Licensed Embalmer No. 1891

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.)