

WRITE PLAINLY, 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 impor

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

18554  
Do not use this space.

FILED JUN 1 1940

1. PLACE OF DEATH  
 (a) County Henry Registration District No. 347  
 (b) Township Clinton Primary Registration District No. 5488  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred  $7\frac{1}{2}$  yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hattie Boren Long  
 (a) Residence, No. Clinton, Mo. 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Long

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 20, 1876

7. AGE YEARS 64 MONTHS \_\_\_\_\_ DAYS 17 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife  
 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) Burbon Co. Kans.

FATHER  
 13. NAME James C. Boren  
 14. BIRTHPLACE (CITY, OR TOWN) (STATE OR COUNTRY) Genoa

MOTHER  
 15. MAIDEN NAME Martha C. Setser  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genoa N. C.

17. INFORMANT Mrs R. G. Orr (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE White Oak Cem. DATE Apr 8 1940

19. FUNERAL DIRECTOR (NAME) Lowrey & Schmitt (ADDRESS) Clinton, Mo.

20. FILED 6-1 1940 W. R. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 39, to May 7, 1940  
 I last saw h. alive on May 6, 1940. Death is said to have occurred on the date stated above, at 3 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Basilar meningitis - short  
Aug 1939  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None 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) S. B. Hughes, M. D.  
 (Address) Clinton, Mo.

PEPI  
Tomb

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 Oscar Eckhoff

Licensed Embalmer No. 8442

P. O. Address Stuyvesant City

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, above space should be left blank.