

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1944
Registration District No. 37

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *Wetzel 4242*
Registrar's No. 226

Primary Registration District No. 3023

1. PLACE OF DEATH
(a) County *Henry*
(b) City or town *Clinton*
(c) Name of hospital or institution: *1*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *38 yrs* (Specify whether years, months or days)

3. (a) PRINT FULL NAME *Elizabeth Long*
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife *Nicholas Long* 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased *12 1809* (Month) (Day) (Year)

8. AGE: Years *84* Months *10* Days *16* If less than one day hr. min.

9. Birthplace *Highland Co Ohio* (City, town, or county) (State or foreign country)

10. Usual occupation *Housewife*

11. Industry or business _____

MOTHER FATHER { 12. Name *Naylor Ohio*

13. Birthplace *Catharine Campbell Ohio* (City, town, or county) (State or foreign country)

14. Maiden name *Catharine Campbell Ohio* (City, town, or county) (State or foreign country)

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant *Archie Cornish*

(b) Address *Kansas City Mo*

17. (a) *Burial* (b) Date thereof *12 24 43* (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Creswood Cem*

18. (a) Signature of funeral director *Fred Wilkinson*

(b) Address *Clinton Mo*

19. (a) *Dec 2, 1943* (b) *Georgia Kitchen* (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State *Mo* (b) County *Henry*
(c) City or town *Clinton Mo*
(If outside city or town limits, write "RURAL")
(d) Street No. *W Jefferson St* (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov* day *29* year *1943* hour *10:30* minute *P* M.
21. I hereby certify that I attended the deceased from *Oct 1942* to *Nov 29, 1943* that I last saw her alive on *Oct 8-43* and that death occurred on the date and hour stated above.

Immediate cause of death *Pneumonia* Duration
Labor

Due to *Enlargement of Heart with Edema of all tissues*
Due to *old age*

Other conditions (Include pregnancy within 3 months of death) *108*

Major findings: Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury *9*

23. Signature *James J. Wetzel* (M.D. or other) Address *Clinton Mo* Date signed *12-30-43*

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

8808

RECEIVED
District Health Officer No. 7,
District File Number 12-43-145-1
Date Filed 1-6-44

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 Fred Wilkinson
Licensed Embalmer No. 2478
P. O. Address Clinton 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.