

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31961  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. DE 86  
 (b) Township Washington Primary Registration District No. 10215/27  
 (c) City Industrial City (d) Street No. Industrial City 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 40 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida May Mohring  
 (a) Residence, No. Industrial City, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baldwin Geo. Mohring

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 3 26

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 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) Harrisburg Pennsylvania

FATHER  
 13. NAME Isaac E. Long

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Pennsylvania

MOTHER  
 15. MAIDEN NAME Elizabeth Lydick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Pennsylvania

17. INFORMANT Mrs. Bertha Smith (ADDRESS) Industrial City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem St. Joseph, Mo. DATE Sept. 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED Sept 18 39 W. J. Neath Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 4 1939 to Sept 16 1939  
 I last saw h. er alive on Sept 16 1939 Death is said to have occurred on the date stated above, at 3:00 A.M.  
 The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency  
Chronic Hypertension  
 Date of onset unknown  
 Other contributory causes of importance: Chronic Hypertension unknown

Name of operation none Date of Sept 16  
 What test confirmed diagnosis? Charg Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? yes Date of injury Sept 16, 1939  
 Where did injury occur? at home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury at home  
 Nature of injury at home

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify Gustav H. Long M. D.  
 (Signed) St. Joseph, Missouri

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 important.

30M-9-19-38 I X16605

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**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 Albert C. Harrington  
Licensed Embalmer No. 3258.  
P. O. Address St. Joseph, 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, above space should be left blank.**