

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

43368  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County GREENE Registration District No. 318  
 (b) Township SPRINGFIELD Primary Registration District No. 1001 Registered No. 893  
 (c) City SPRINGFIELD (d) Street No. 802 N. Main, Springfield, Mo. 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 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lester Earl DeLong  
 (a) Residence, No. 802 N. Main, Springfield, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or ~~WIFE OF~~) Allie Replogle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-21-1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
39 3 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

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) Versailles  
 (STATE OR COUNTRY) Missouri.

13. NAME Richard DeLong

14. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

15. MAIDEN NAME Martha J Merrit

16. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

17. INFORMANT Lee DeLong  
 (ADDRESS) 866 N. Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Yocum Pine Cem. DATE 12-8-1939

19. FUNERAL DIRECTOR (NAME) Dunn Funeral Home  
 (ADDRESS) Springfield, Mo

20. FILED 12-7 1939 Chas. A. George MD Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 7 1939

22. I HEREBY CERTIFY, That I attended deceased from 9:30 AM, 1939, to 12:30 AM, 1939

I last saw him alive on 12-6-39, 1939. Death is said

to have occurred on the date stated above, at 12:30 AM

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary

Date of onset  
 Death

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....  
 If so, specify.....

(Signed) J. J. Mueck / M. D.

Address Springfield, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

*Hayden Ford*

Licensed Embalmer No. *2910*

P. O. Address *699 W Walnut*

**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.**