S. No. 2
M—5-42
r. 5-17-39
I X32873

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

39643

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1942

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 4670

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Vineyard Park Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 30 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 144 N. Van Brunt
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

**3. (a) PRINT FULL NAME** Mrs. Grace Price DeLong

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harvey Alvaro DeLong

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December (Month) 21 (Day) 1882 (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 59 | 11 | 23 | hr. min. |

9. Birthplace Chicago (City, town, or county) Ill. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Abner Price
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace (City, town, or county) " (State or foreign country)

16. (a) Informant Harvey Alvaro De Long
(b) Address 144 N. Van Brunt

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-17-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 12-15-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Dec day 14
year 1942 hour 10 minute a M.

21. I hereby certify that I attended the deceased from Jan 1, 1940, to Dec 14, 1942;
that I last saw her alive on Dec 14, 1942
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Pulmonary Embolism | 2 hrs. |
| Due to Cancer of R. ovary & uterine Fibroma | 1 yr. |
| Due to 49a | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations Cancer of R. ovary, advanced, & uterine
Of autopsy Fibroma

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature J. E. Sheldon (M. D. or other)
Address 932 Walnut Date signed 12-14-42
K. C. Mo

(Licensed Embalmer's Statement on Reverse Side)

## 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 Elmer C. Weedelin

Licensed Embalmer No. 3495

P. O. Address _____

**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.**