

No. 300
-10-47
5-17-39
P I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36271

FILED NOV 30 1948

State File No. _____

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 239

1. PLACE OF DEATH:

(a) County HENRY

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

(c) Name of hospital or institution:
CLINTON GENERAL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 1/2 HRS.
(Specify whether _____)

In this community 5 1/2 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town Irish, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rt 1 - Walker, Twp. 0
(If rural, give location)

(e) Citizen of foreign country? Mo (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MAUDE M. LONG

3. (b) If veteran, name war NONE

3. (c) Social Security No. N

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1948 hour 7 minute 30 P. M.

4. Sex T. / 5. Color or race W.

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

6. (b) Name of husband or wife Rufus A. Long

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: Jan. 16, 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 17, 1948, to Nov 25, 1948
that I last saw her alive on November 25, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 10 Days 9
If less than one day hr. _____ min. _____

Immediate cause of death Uremia Duration 2 hrs

Due to Chronic parenchymatous nephritis Not 620

9. Birthplace Montross, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

Other conditions None
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. W.D. Hudnick

13. Birthplace Henry Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Walker

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

Major findings: Of operations None

Of autopsy None 13/13

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

16. (a) Informant R. A. Long - Husband

(b) Address Irish, Mo. Rt 1

17. (a) Burial (b) Date thereof 11-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cemetery

18. (a) Signature of funeral director W. H. Casavant

(b) Address Clinton

19. (a) 11-26-48 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NS

(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? _____ (c) Means of injury _____

23. Signature S. B. Hughes (M. D. or other) MD

Address Clinton, Mo Date signed 11/25/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 10-48-1322
Date Filed 11-29-68

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 J. J. Vansant
Licensed Embalmer No. 3779
P. O. Address Gilberton

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.