

FILED OCT 13 1943

State File No.

Registration District No. 194

Primary Registration District No. 5712

Registrar's No.

1. PLACE OF DEATH:

(a) County: McDonald
(b) City or town: Richmond 1st Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Exeter Mo. R.R. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME: Rachel Long

3. (b) If veteran, name war: None 3. (c) Social Security No.: None

4. Sex: female / 5. Color or race: white 6. (a) Single, widowed, married: 2 times widowed

6. (b) Name of husband or wife: Christians Long 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 30 1951
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 / 1 / 10 hr. min.

9. Birthplace: Term /
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

12. Name: Andy Greer

13. Birthplace: O.K. 97
(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace: O.K. 99
(City, town, or county) (State or foreign country)

16. (a) Informant: Mamie Redenour
(b) Address: Exeter Mo. R.R.

17. (a) Burial (b) Date thereof: 9-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wheaton Cemetery

18. (a) Signature of funeral director: Wheaton Funeral Home
(b) Address: Wheaton Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: McDonald 60
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Exeter Mo. - R.R.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Sept 10 1943
that I last saw her alive on Sept 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Duration: 3 yrs.

Due to _____
Due to _____

Other conditions: 93d
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

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?

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

23. Signature: John P. Eason 20.
Wheaton Mo (M. D. or other) No.
Address: _____ Date signed: Sept 19

1290

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

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 *W. Gordon Bennett*

Licensed Embalmer No. 4213

P. O. Address Carville, 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.

Registration District No. 467 Primary Registration District No. 5699

1. PLACE OF DEATH:

(a) County Mc Donald
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheaton Mo R.R.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Rachel 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 W

6. (b) Name of husband or wife Christian 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: July 30 1905
(Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days _____ Unless than one day _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Dandy Sheer

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

14. Maiden name _____

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

16. (a) Informant Mamie Redenour

(b) Address Wheaton Mo R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-43
(Month) (Day) (Year)

(c) Place: burial or cremation Wheaton Cemetery

18. (a) Signature of funeral director Wheaton Funeral Home
(b) Address Wheaton Mo

19. (a) Nov. 30 (Date received local registrar) (b) L. E. Kirk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mc Donald
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Wheaton Mo R.R.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death myocarditis dys. Duration _____

Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

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 _____

23. Signature John R. Ellison D.O.
Address Wheaton Mo Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

STANDARD

32066