

# Mrs Mary Long

in the Pennsylvania, Death Certificates, 1906-1963



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Name: Mrs Mary Long  
[Mrs Mary Schrader]

Gender: Female

Race: White

Age: 67

Birth Date: 9 Jul 1879

Birth Place: Ashland, Pennsylvania

Death Date: 28 Feb 1947

Death Place: Butler, Schuylkill, Pennsylvania, USA

Father: Charles Schrader

Certificate Number: 15745

Search for Mary Long in Pennsylvania Wills & Probates collection

## Source Information

Ancestry.com. *Pennsylvania, Death Certificates, 1906-1963* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2014.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. **15745**Primary Dist. No. **54-01-81****520**Registered No. **59**

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County	<i>Schuylkill</i>	(a) State	<i>Penna.</i>
(b) Township	<i>Butler</i>	(b) County	<i>Schuylkill</i>
(c) Borough		(c) City or town	<i>Ashland</i>
(d) City		(If outside city or town limits, write RURAL)	
(e) Name of hospital or institution	<i>Ashland State Hospital</i>	(d) Street No.	<i>231 Chestnut St.</i>
(If not in hospital or inst. write street number or location)		(If rural give location)	
(f) Length of stay: In hospital or inst.		(g) In this community	
(e) Name of hospital or institution	<i>Ashland State Hospital</i>	(d) Street No.	<i>231 Chestnut St.</i>
(If not in hospital or inst. write street number or location)		(If rural give location)	
(f) Length of stay: In hospital or inst.		(g) In this community	
3. (a) FULL NAME <i>Mrs. Mary Long</i>			
3. (b) If U. S. Veteran, complete reverse side of certificate		3. (c) Social Security No.	
4. Sex <i>f</i>	5. Color or race <i>ew</i>	6. (a) Single, widowed, married, divorced <i>widowed</i>	
6. (b) Name of husband or wife		6. (c) Age of husband or wife if alive <i>years</i>	
7. Birth date of deceased		8. AGE: Years Months Days If less than one day	
<i>July 9 1879</i>		<i>67 7 19</i> hr. min.	
9. Birthplace <i>Ashland Pa.</i>			
10. Usual occupation			
11. Industry or business			
12. Name <i>Charles Schrader</i>			
13. Birthplace <i>Germany</i>			
14. Maiden name			
15. Birthplace			
16. (a) Informant's own signature <i>Mrs. Wm Wolfgang</i>			
(b) Address <i>Ashland Pa.</i>			
17. (a) <i>Buried</i> (b) Date thereof <i>3-4-47</i>			
(Burial, cremation, or removal) (Month) (Day) (Year)			
(c) Place <i>Fitzhays County Pa</i> State <i>Pa</i>			
18. (a) Signature of funeral director <i>Emilio J. Kuhl</i>			
(b) Address <i>Ashland Pa.</i>			
<i>March 3, 1947</i> (Date received local registrar) (b) <i>Charles H. Kober</i> (Registrar's signature)			
20. Date of death: Month <i>Feb.</i> day <i>28</i> year <i>1947</i> hour <i>4</i> minute <i>16 P.M.</i>			
21. I hereby certify that I attended the deceased from <i>Feb. 27, 1947</i> to <i>Feb. 28, 1947</i> that I last saw her alive on <i>Feb. 28, 1947</i> and that death occurred on the date and hour stated above.			
Immediate cause of death <i>cardiovascular disease</i>			
Due to			
Due to <i>930</i>			
Other conditions <i>none</i> (Include pregnancy within 3 months of death)			
Major findings: <i>none</i>			
Of operations			
Of autopsy <i>none</i>			
22. If death was due to external causes, fill in the following:			
(a) (Probably) Accident, suicide, or homicide (specify) <i>none</i>			
(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 <i>J. P. Murrey</i> (M. D. or other)			
Address <i>Ashland Pa.</i> Date signed <i>3-2-47</i>			

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See Instructions on back of certificate.