

NOV 20 1937

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

38377  
Do not use this space.

1. PLACE OF DEATH

(a) County MOHAWAY Registration District No. 622  
(b) Township HUGHES Primary Registration District No. 4373  
(c) City GRAHAM (d) Street No. 7 St.  
(e) Length of residence in city or town where death occurred 60 yrs. 8 mos. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME CLYDE LONG

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS ROSE B. LONG  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB-4-1877  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60 8 23

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

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) GRAHAM (STATE OR COUNTRY) MO

13. NAME JOSEPH LONG

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) ILL.

15. MAIDEN NAME HANNAH DUESENBERY

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

17. INFORMANT MRS ROSE B. LONG (ADDRESS) GRAHAM, MO.

18. BURIAL, CREMATION, OR REMOVAL CEM PLACE GRAHAM DATE OCT. 28 - 1937

19. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SAVANNAH MO.

20. FILED NOV 15 1937 Wm Ed Blatch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26 1937

22. I HEREBY CERTIFY That I attended deceased from Oct 17 1937 to Oct 26 1937

I last saw him alive on Oct 25 1937 Death is said to have occurred on the date stated above, 200A m.

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

Cerebral softening about 10-10-37

Other contributory causes of importance: Arteriosclerosis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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? no

If so, specify \_\_\_\_\_

(Signed) E. M. Findley, M. D.

(Address) Wm Ed Blatch - Mo.

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

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune, Licensed Embalmer No. 1279  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. Fred Terhune  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. Fred Terhune  
Licensed Embalmer No. 1279

**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.)**