

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.

NOV 25 1938

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

37104
 Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162
 (c) City _____ (d) Street No. _____ Registered No. 279
 (e) Length of residence in city or town where death occurred yrs. mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. State Hospital # 3 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 Cardelia (Montz) Long
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1853
 7. AGE YEARS 85 MONTHS 8 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 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) (STATE OR COUNTRY) Henry Co. Mo.

13. NAME Nicholas Long

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mallett Co. Mo.

15. MAIDEN NAME Elizabeth Armstrong

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

17. INFORMANT (ADDRESS) A. J. Long, Ulrich, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mantrous Mo. DATE 10-30 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leemans + Leemans Mantrous Mo.

20. FILED 10/30 1938 Allen & Kaye Local Registrar. 775

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21 1938, to Oct 30 1938

I last saw him alive on _____, 1938 Death is said

to have occurred on the date stated above, at 4:25 a.m.

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

Arteriosclerosis
10/30
Lobar pneumonia Oct 24/38
 Date of onset 9

Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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) T. J. O'Neil, M. D.
Nevala, Mo. (Address)

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 7;

District File Number 7-38-319

Date Filed 12-3-81

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.....

Licensed Embalmer No.....

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, above space should be left blank.