REC'D JAN 18 1938

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

42849
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper
(b) Township or
(c) City Pilot Grove
Registration District No. 222
Primary Registration District No. 4135
Registered No. 13
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 63 yrs. 1 mos. 18 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Guy Elmo Long
(a) Residence, No. Pilot Grove, Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Artie Long
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1 - 1875
7. AGE YEARS 63 MONTHS 1 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Hardware
10. Date deceased last worked at this occupation (month and year) July 1 - 1938
11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

FATHER
13. NAME Charles C. Long
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harpers Ferry Virginia

MOTHER
15. MAIDEN NAME Virginia Maddex
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Virginia

17. INFORMANT (ADDRESS) Mrs. Guy Long Pilot Grove Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove Co. DATE Dec - 21 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hays & Stocklein Pilot Grove, Mo
20. FILED Dec. 21 1938 Mrs. E. B. McCutcheon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1938, to Dec 19 1938
I last saw him alive on Dec 19 1938. Death is said to have occurred on the date stated above, at 8 30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Sudden

94 B

Other contributory causes of importance:

Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Chas Sandy, M. D.
(Address) Pilot Grove Mo

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(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/6/39

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. 3074

P. O. Address Pilot Grove, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.