

REC'D APR 17 1939

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

3420
Do not use this space.

1026

Registered No.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. 3508 Indiana 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 457 William Alexander De Long

(a) Residence, No. 3508 Indiana 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Della De Long
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1872
7. AGE YEARS 67 MONTHS 0 DAYS 24 IF LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Dealer
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) Virginia |FATHER 13. NAME William A. De Long |14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia |MOTHER 15. MAIDEN NAME Emma R. Wells16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT Mrs. Alverta Jennings,
(ADDRESS) 2905 Wabash, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah Cem. DATE Mar. 8-39 19.19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.20. FILED Mon 7, 19. 39 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939, to March 5, 1939.
I last saw him alive on March 5, 1939. Death is said to have occurred on the date stated above, at 6 PM m.
The principal cause of death and related causes of importance were as follows:

Cerebral edema & lobular pneumonia
Date of onset 3-2-39

Other contributory causes of importance:

Hypertension arteriosclerosis 5-yr
Influenza 2-yr-39
Heart

Name of operation..... 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) Ed. Thomas M. D.

(Address) 3307 Virginia K.C. Mo

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.