

1939 APR 19 1939

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

10615
Do not use this space.

1. PLACE OF DEATH

(a) County COOPER Registration District No. 2/7
(b) Township LAMINE Primary Registration District No. 5308
(c) City _____ (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES HARVEY LONG

(a) Residence, No. R.F.D. 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 FLOSSIE JONES LONG

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 19 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 12

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) March - 1939
11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) COOPER COUNTY
(STATE OR COUNTRY) MISSOURI

13. NAME PETER LONG

14. BIRTHPLACE (CITY OR TOWN) COOPER COUNTY
(STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME LUCY ESTES

16. BIRTHPLACE (CITY OR TOWN) COOPER COUNTY
(STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS J. H. LONG
(ADDRESS) LAMINE, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE OLD LAMINE CEMETERY DATE APRIL 2 1939

19. FUNERAL DIRECTOR (NAME) STEGNER * KOENIG
(ADDRESS) BOONVILLE, MO.

20. FILED 4-2 1939 J. C. Fincher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1939

22. I HEREBY CERTIFY, That I attended deceased from not attended, 1939, to —, 19—

I last saw h. not seen alive alive on —, 19—. Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

Suicide by 22 gauge rifle.

Date of onset March 31
1939

Other contributory causes of importance: 167

Name of operation — Date of —
What test confirmed diagnosis? visual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury March 31, 1939

Where did injury occur? 2 miles N.W. of Lamine, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
at his own home.

Manner of injury Suicide by 22 gauge rifle.
Nature of injury Shot through front of skull and brain

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify J. C. Fincher, M. D.
(Address) Boonville, Mo.
Coroner of Cooper County, Mo.

WRITE CAREFULLY, WITH UNFADING INK--- THIS IS A PERMANENT RECORD

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 4/10/39

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.....

James W. Stegner

Licensed Embalmer No. *37180*

P. O. Address *Boonville, Mo.*

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.