

REC'D JUN 13 1939

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

17995
Do not use this space.

1. PLACE OF DEATH
 (a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006 Registered No. 111
 (c) City Columbia (d) Street No. Boone County Hospital 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 GREED LONG

(a) Residence, No. 570 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Long</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-28-1860</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>3</u>	DAYS <u>23</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>			
	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) <u>Boone County Missouri</u>				
FATHER	13. NAME <u>J. C. Long</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone County Missouri</u>			
	15. MAIDEN NAME <u>Susan Crews</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Co Missouri</u>			
	17. INFORMANT (ADDRESS) <u>W. M. Long Columbia Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethlehem</u> DATE <u>5-23</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Parrere Columbia Mo</u>				
20. FILED <u>5/23/1939</u> <u>Allie Selby</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>5-21-1939</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>May 17</u> 19 <u>39</u> to <u>May 21</u> 19 <u>39</u> I last saw <u>deceased</u> alive on <u>May 21</u> 19 <u>39</u> Death is said to have occurred on the date stated above, at <u>7:45 am</u> . The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage</u> <u>J. J. W.</u>	
Other contributory causes of importance:	
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy?
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? <u>No</u> If so, specify (Signed) <u>E. S. Baskett</u> M. D. <u>747</u> (Address) <u>Columbia Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, 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.

FORM-9-1938 I X16025

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, _____,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

M. W. Whitcomb

Licensed Embalmer No. *3893*

P. O. Address *Calumet*

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.