

AUG 7 1939

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

24717

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 379
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2930
(c) City Kansas City or (d) Street No. St. Joseph 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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John C. LONG.

(a) Residence, No. 3433 Park Ave. 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 Clara L. Long.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 10 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hardware
9. Industry or business in which work was done, as saw mill, bank, etc. Merchant.
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) Rock Groves Illinois.
13. NAME George Long
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
15. MAIDEN NAME Anne H. Emrick.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
17. INFORMANT (ADDRESS) Albert G. Long. 6842 Paseo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 7/19/39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Melody McGilley. K. C. Mo.
20. FILED July 19, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17-193922. I HEREBY CERTIFY, That I attended deceased from Feb 7 - 1939 to July 17 - 1939

I last saw him alive on July 17 - 1939 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

Staph. Septicemia
10 40
Date of onset Feb 7.
Other contributory causes of importance: abscess of nose.

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? no.
If so, specify.....
(Signed) E. H. Wyatt, M. D.
(Address) 3450 Prospect

(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.

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.