

REC'D AUG 7 1939

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

24741

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 305 East 66th St. Terrace Registered No. 2954
(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 50 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Timothy (Ted) Long

(a) Residence, No. 305 East 66th St. Ter. (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Long

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 0 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as saw mill, bank, etc. Frisco R. R.
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington D. C.

FATHER 13. NAME Patrick Long

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mary Kelley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. J. T. Gibbons 305 E. 66th St. Ter.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE July 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gates Funeral Home Kansas City, Kansas

20. FILED July 21, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...
I last saw him on July 20, 1939 Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

Arterial Thrombosis and
Cholelithiasis
Date of onset

Other contributory causes of importance: 9400Name of operation Cholecystectomy Date of July 20, 1939What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury July 20, 1939Where did injury occur? Home

(Specify city or town, county, and State)

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

Manner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None(Signed) M. M. Brown, M. D.(Address) Local Registrar

V25633

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.