

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.

Registration District No. 47

Primary Registration District No. 4027

1. PLACE OF DEATH: Bates  
(a) County Bates  
(b) City or town Adrian  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 years  
years, months or days

3. (a) PRINT FULL NAME Elizah Long 526  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Alice Long 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Sept. 16 1873  
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Steelville Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Stockman

11. Industry or business ?  
12. Name not known  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. A Long  
(b) Address Adrian Mo.  
17. (a) Burial (b) Date thereof Jan 7-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lawson Hill, Salem  
18. (a) Signature of funeral director Leath & Dix  
(b) Address Adrian Mo. 51  
19. (a) Jan 6-40 (b) Ethel C. Stephens  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Bates  
(c) City or town Adrian  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 5  
year 1940 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Aug 10 1939 to Jan 5 1940  
that I last saw him alive on Jan 4 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis  
Due to Chronic hypertension

Due to \_\_\_\_\_  
Other conditions 94 W  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. D. LaHue (M. D. or other) \_\_\_\_\_  
Address Bates Mo Date signed 1/7/40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 7,

District File Number 2-40-265

Date Filed 2-14-40

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.....

*Frederic W. Creath*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Frederic W. Creath*

Licensed Embalmer No. 3343

P. O. Address Adrian, 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.