

FILED MAR 11 1940

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 848

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Unity Lutheran Hospital
(If not in hospital or institution, write street number or house number)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether _____)
In this community _____
years, months or days Life

8. (a) PRINT FULL NAME Harvey J. Long

8. (b) If veteran, name war None 8. (c) Social Security 487-01-0227

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband Mary E. Long 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 31-1891
(Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Monroe Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business A. C. Town & Light

12. Name Robert L. Long

13. Birthplace Hardy Co West Vir
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Lambert

15. Birthplace Petersburg West Vir
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary J. Long

(b) Address 3333 Swope Parkway

17. (a) Burial (b) Date thereof 7/24/40
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation W. Washington Cem.

18. (a) Signature of funeral director George E. Crause
(b) Address Independence, Mo.
19. (a) 2-25-40 (b) MM-Crause
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2333 Swope Parkway
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2/17-40
2/22, 1940 to _____, 19____;
that I last saw him alive on 2/22/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 5 days

Due to Hypertension 100

Due to _____

Other conditions Tuber Pulmonosa 3 days
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy No

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) (a) Means of injury _____

23. Signature R. L. St. Clair (M. D. or other) _____
Address 524 21st St Date signed 2/27-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Raymond Martin, Registered Apprentice No. 199 working under my personal supervision.

Signed Raymond Martin
Licensed Embalmer No. 3156
P. O. Address Independence, 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.