

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

5797
Do not use this space.

1. PLACE OF DEATH
 (a) County Barry Registration District No. 30
 (b) Township Monett Primary Registration District No. 3003
 (c) City Monett (d) Street No. _____
 (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 Henry James Long
 (a) Residence, No. _____ 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 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 Catherine Courdin Long
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Saint Germaine
 (STATE OR COUNTRY) Dutchey of Piedmont S
 FATHER 13. NAME James Henry Long
 14. BIRTHPLACE (CITY OR TOWN) Saint Germaine S
 (STATE OR COUNTRY) _____
 MOTHER 15. MAIDEN NAME Marie Germanet
 16. BIRTHPLACE (CITY OR TOWN) Saint Germaine
 (STATE OR COUNTRY) _____
 17. INFORMANT Alfred E. Long
 (ADDRESS) Monett, Mo.
 18. BURIAL ~~PLACE OR PLACE OF BURIAL~~
 PLACE Waldensian DATE Feb. 24, 1940
 19. FUNERAL DIRECTOR Callaway's,
 (ADDRESS) Monett, Mo.
 20. FILED 2-23 1940 W. M. West
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 8th, 1940 to Feb. 22, 1940
 I last saw him alive on Feb. 22, 1940 Death is said to have occurred on the date stated above, at 6:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Aortic Insufficiency
 Date of onset _____
 Other contributory causes of importance: Senility.
 Name of operation None. Date of _____
 What test confirmed diagnosis? Phys. signs Here an autopsy? No.
 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) D. C. Bassell M. D.
 (Address) 304 Bdw'y, Monett, Mo.

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.

50M-7-20-37 I X12004

RECEIVED

District Health Officer No. 6,

District File Number 3010-814

Date Filed MAR 11 1940

STATEMENT BY LICENSED EMBALMER

I, J. M. Buchanan

Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed J. M. Buchanan

Licensed Embalmer No. 3119

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.)

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5797**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **30**

Primary Registration District No. **5040**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Monett (Rural)**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME **Henry James Long**

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 **wid**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years **75** Months **9** Days **20** If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **11-29-1940** (b) **W. M. Weck** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Barry**
(c) City or town **Rural**
(If outside city or town limits write "RURAL")
(d) Street No. **Monett Trwp.** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **55** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **22** year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (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 **H. C. Hazell** (M. D. or other)

Address **Monett Mo** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING, BLACK INK--MAKE A PERMANENT RECORD

SUPPLEMENTAL

djiw

S-5797

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