No. 2
4-13-40
-17-39
X23159

FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31054 3617

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

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

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: 728 1/2 Main St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution V (Specify whether
In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 728 1/2 Main St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CARL HENRY LONG
3. (b) If veteran, name war Unk
3. (c) Social Security No. Unk
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
app 55			hr. min.

9. Birthplace Hannoble (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Cook 9
11. Industry or business 9
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Records Coroner's office
(b) Address Jackson Co Court House
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/40 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem
18. (a) Signature of funeral director A Sebleto
(b) Address 901 Eck 5th St
19. (a) Sept. 16, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 9-13-40
year hour minute M.
21. I hereby certify that I attended the deceased from 11:30 A.M., 19 , to 11:30 A.M., 19 ;
that I last saw alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

93C

Major findings:
Of operations
Of autopsy Inspection

Duration

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

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?
(Specify type of place)
While at work? Means of injury 5
23. Signature [signature] (M. D. or other)
Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Roy E Snow

Licensed Embalmer No. 7370

P. O. Address 1807 E 29

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.