

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32801

FILED OCT 18 1940
668

Registration District No. _____

Primary Registration District No. 3032

Registrar's No. 290

1. PLACE OF DEATH: Pettis

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution: 725 E. 5th St.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days) Three Weeks.

3. (a) PRINT FULL NAME Christian C. Long Jr.

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 single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 11 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 29
If less than one day hr. _____ min. _____

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Christian Long Sr.

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

14. Maiden name Do not know

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

16. (a) Informant Mrs. Wasson

(b) Address 725 E. 5th Sedalia

17. (a) burial (b) Date thereof Sept. 10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin

(b) Address Sedalia

19. (a) 9/10/40 (b) Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Sedalia Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 725 E. 5.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 40
year _____ hour 9:30 minute 2 A. M.

21. I hereby certify that I attended the deceased from Sept 1-
1940, to Sept 10, 1940
that I last saw alive on Sept 10-40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to _____

Due to H¹0

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) no

(b) Date of occurrence _____

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While-at work _____ (Specify type of place)

Means of injury _____

23. Signature John H. Sneed (M. D. or other) MD
Address Sedalia Mo Date signed 9/14/40

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-11-40

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *P. E. Baker*

Licensed Embalmer No. *2919*

P. O. Address..... *Sedalia*

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, fact should be so stated above.