

Registration District No. 712

Primary Registration District No. 5941

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town (Rural) Liberty
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community Six months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller
(c) City or town Rural
(d) Street No. Iberia, Mo. R# 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME WILLIAM RILEY LONG

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nancy Shelton 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased March 27 - 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Long
13. Birthplace Pennessea
(City, town, or county) (State or foreign country)
14. Maiden name Folgyann Carrall
15. Birthplace Pennessea
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Long
(b) Address Richland, Mo

17. (a) Burial (b) Date thereof Oct 30 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iberia, Mo

18. (a) Signature of funeral director G. L. Bacey
(b) Address Iberia, Mo.

19. (a) Oct 30, 1940 (b) C. M. Oliver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1940 hour _____ minute 10 M.

21. I hereby certify that I attended the deceased from Feb. 16, 1940, to Oct. 29, 1940 that I last saw him alive on Oct. 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bacterial

Due to Cardio-vascular, renal disease

Due to _____
Other conditions 121
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0

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? 640
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C. M. Oliver (M. D. or other) !
Address Crocker, Mo. Date signed 10-30-40

Duration

5 days

4 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number. 1140112

Date Filed _____

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 _____

Laron Adams

Registered Apprentice No. 211

working under my personal supervision.

Signed _____

C. H. Basey

Licensed Embalmer No. 2694

P. O. Address St. Louis, 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, fact should be so stated above.