

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **36696**

Registration District No. **906**

Primary Registration District No. **6224**

Registrar's No. **85-**

1. PLACE OF DEATH:

(a) County Wright  
 (b) City or town Hartsville Rural Boone  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 2  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Richard 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 divorced  
 6. (b) Name of husband or wife Bessie Wynne Long  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Mad 14 1974  
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 19  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_  
 12. Name Samuel Long  
 13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
 14. Maiden name Frances Ann Johnson  
 15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Viola Butler  
 (b) Address Garfield Hartsville Mo  
 17. (a) Mt. Mariah Cen (b) Date thereof Oct 6-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Mariah Cen

18. (a) Signature of funeral director Gene E. Hodges  
 (b) Address Hartsville Mo  
 19. (a) Oct. 31-40 (b) Ella Clayton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright  
 (c) City or town Hartsville Rural Boone  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 8 miles north P.O. 5  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2  
 year 1940 hour 9 minute \_\_\_\_\_ P.M.  
 21. I hereby certify that I attended the deceased from viewed the body 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Was taken to death in his home 8 miles north of Hartsville Mo. - Oct 2, 1940  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions 180  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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) accident  
 (b) Date of occurrence 10/2/1940  
 (c) Where did injury occur? Hartsville Wright Mo  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home  
(Specify type of place) (e) Means of injury  
 23. Signature Gene E. Hodges (Funeral Director)  
 Address Mt. Mariah Cen Date signed 10/2/40

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.

RECEIVED

District Health Officer, etc.

District File Number 1140-2853

Date Filed NOV 13 1940

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**