

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37753

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4351

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2624 E. 6th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether)
In this community 90 years
years, months or days

3. (a) PRINT FULL NAME FRANK W. LONG

8. (b) If veteran Frank W. Long name war ✓ 3. (c) Social Security No. ✓

4. Sex M. 5. Color or race Wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mamie Long 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Mar 30 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 11 If less than one day hr. min.

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

10. Usual occupation Fireman

11. Industry or business Laundry

12. Name: James M Long

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

14. Maiden name Sarah Mary

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

16. (a) Informant Mrs Mamie Long

(b) Address 2624 E 6th St

17. (a) Burial (b) Date thereof Nov 16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director Hetterlein

(b) Address Kennett Mo

19. (a) 11-15-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 2624 E 6th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 40 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 1/40
19____ to Nov. 13 19____
that I last saw him alive on Nov. 12 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
& arteriosclerosis of aorta

Due to undetermined

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death) 124 H

Major findings: _____

Of operations _____

Of autopsy none

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 fall

23. Signature W. D. Stebbins MD. (M. D. or other)

Address 563 Walden Blvd Date signed 11/13/40

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

W. L. Ward

Licensed Embalmer No. 3991

P. O. Address 5725 Virginia

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.