

FILED FEB 24 1941

STANDARD CERTIFICATE OF DEATH

State File No.

3114

Registration District No. 449

Primary Registration District No. 4267

Registrar's No.

PLACE OF DEATH:

- (a) County LACROIX
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution V O

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether _____)In this community _____
years, months or days)3. (a) PRINT FULL NAME Joe S Long3. (b) If veteran, name war NO 3. (c) Social Security No. NO4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Wid. w/26. (b) Name of husband or wife MARY FRANCIS LONG 6. (c) Age of husband or wife if alive 4 years7. Birth date of deceased FEB 15 - 1852
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
88 10 26 hr. min.9. Birthplace MILLER Co Mo O
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name GEORGE LONG13. Birthplace Mo O
(City, town, or county) (State or foreign country)14. Maiden name D. K. 15. Birthplace Mo O
(City, town, or county) (State or foreign country)16. (a) Informant's own signature JOE WILLARD LONG(b) Address BARNETT - Mo about 3. 4117. (a) _____ (b) Date thereof 1-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Hooks(b) Address Crocker Mo19. (a) 1-21-41 (b) Jam Lamb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski 85(c) City or town Rural - Tavern Township
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11
year 1941 hour 10 minute 15 A. M.21. I hereby certify that I attended the deceased from 1-9
1940 to 1-11 1941that I last saw him alive on 1-11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Fracture Rt Hip
Due to _____Due to Acute Cardiac failure
+ Pulmonary edemaOther conditions Typhoid
(Include pregnancy within 3 months of death)Major findings: Hypostatic Both Base
operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Fell in tree(b) Date of occurrence 1-9-40 home(c) Where did injury occur? Crocker, Pulaski, Mo.
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury Fell23. Signature Jam Lamb (M. D. or other) _____Address about 3. 41 Date signed 1/21/41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1941 MISSOURI STATE BOARD OF HEALTH - DEPARTMENT OF COMMERCE - BUREAU OF THE CENSUS - STANDARD CERTIFICATE OF DEATH - FORM 100 - REVISED FEBRUARY 1940

RECEIVED

District Health Officer No. 7,

District File Number 2-41-367

Date Filed 2-13-41

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 Paul B. Hoop

Licensed Embalmer No. 3261

P. O. Address Crocker, 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, above space should be left blank.

Registration District No. 749

Primary Registration District No. 4267

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Liverson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk
(c) City or town Taney Twp
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Joe S. Long

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11
year 1970 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____
7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

Immediate cause of death _____

8. AGE: Years 88 Months 10 Days 26 If less than one day _____ hr. _____ min.

Duration _____
Due to _____
Due to _____

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

Other conditions _____ (include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation _____

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

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-29-41 (b) J. A. McCoub (Date received local registrar) (Registrar's signature)

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 _____

23. Signature Paul A. Jenkins (M.D. or other) _____

Address Polk Mo Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

