

Registration District No. **502**

Primary Registration District No. **5668**

Registrar's No. **21**

1. PLACE OF DEATH:
 (a) County **Linn**
 (b) City or town **Marceline Twp. Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community **51 yrs**
 years, months or days

3. (a) PRINT FULL NAME **Irving Edward Long**
 8. (b) If veteran, name war _____ 8. (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 **Rebecca Landerth Long** 6. (c) Age of husband or wife if alive **70** years
 7. Birth date of deceased **October 20-1863**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	7	25	hr. _____ min. _____

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

10. Usual occupation **farmer**

11. Industry or business _____

MOTHER FATHER
 { 12. Name **Hiram Long**
 { 13. Birthplace **Clairmont New Hampshire**
 { (City, town, or county) (State or foreign country)
 { 14. Maiden name **Emily Judkins**
 { 15. Birthplace **unknown New Hampshire**
 { (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Miss Rebecca Long**
 (b) Address **Marceline Mo**

17. (a) **Burial** (b) Date thereof **6-17-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **James M. Laughlin**
 (b) Address **Marceline Mo**

19. (a) **6-17-41** (b) **Oliver Bassett**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Linn**
 (c) City or town **Marceline Rural**
 (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 **June** day **15**
 year **1941** hour **11** minute **0** P. M.
 21. I hereby certify that I attended the deceased from **May 15**
 _____, 19____, to **June 15**, 19____;
 that I last saw him alive on **June 15**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **1yr**
 Due to _____
 Due to _____
 Other conditions (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 cause, 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? _____
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature **[Signature]** (M. D. or other) **MO**
 Address **Marceline Mo** Date signed **6/17/41**

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.

JUN 22 1944

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 Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marceline 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.