

FILED AUG 16 1941

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2797

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
(Specify whether  
In this community X 0 (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Jackson 048  
(a) State (b) County  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3510 East 25th St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd  
year 1941 hour 4 minute 45 P. M.  
21. I hereby certify that I attended the deceased from  
7-9-41 19   to 7-22-41 19  ;  
that I last saw him alive on 7-22-41 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Spinal cord tumor, not confirmed by  
autopsy.  
Due to tumor. Probably  
malignant.  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME James W. DeLong  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced, Widower  
6. (b) Name of husband or wife Adelaid E. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 20, 1856  
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 2  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Ice Cream Manufacturer  
Ice Cream

11. Industry or business \_\_\_\_\_  
12. Name William De Long  
13. Birthplace Canada  
(City, town, or county) (State or foreign country)  
14. Maiden name Forsyth Canada  
15. Birthplace Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant Leroy G. De Long  
(b) Address 3721 Bellefontaine

17. (a) Burial (b) Date thereof July 24, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director John J. Crow  
(b) Address 3146 Main St

19. (a) 7-26-41 (b) John J. Crow  
(Date received local registrar) (Registrar's signature)

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?

23. Signature Dr. R. J. Thon (M. D. or other) 1  
Address Med. Dir. K.C. Gen. Hospital K.C. Mo. Date signed \_\_\_\_\_

361 (Licensed Embalmer's Statement on Reverse Side)

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

8963

**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.....

*Park G. Rowe*

Licensed Embalmer No.....

*2349*

P. O. Address.....

*T. C. 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.**