

Registration District No. **237**Primary Registration District No. **4144**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade Center Twp
(b) City or town Greenfield, Mo.
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)(d) Length of stay: In hospital or institution _____
(Specify whetherIn this community His life time
years, months or days)3. (a) PRINT FULL NAME William Henry Long

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive 66 years7. Birth date of deceased October, 21, 1870
(Month) (Day) (Year)8. AGE: Years 70 Months 9 Days 1 If less than one day _____ hr. _____ min.9. Birthplace Greenfield, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Plasterer

11. Industry or business _____

MOTHER FATHER { 12. Name William Long
13. Birthplace Greenfield, Mo. 0
(City, town, or county) (State or foreign country)MOTHER FATHER { 14. Maiden name Dorcas King
15. Birthplace Greenfield, Mo. 0
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ailey Mae Long(b) Address Greenfield, Mo.17. (a) Burial (b) Date thereof Sept. 26, 41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenfield Cemetery18. (a) Signature of funeral director J. W. Ward(b) Address Greenfield, Mo.19. (a) Oct 16 - 1941 (b) Geo. L. Weir
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade(c) City or town Greenfield, 2
(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 Sept day 22
year 1941 hour 6 minute 55 P.M.21. I hereby certify that I attended the deceased from January 10, 1941 to Sept 22, 1941
that I last saw him alive on Sept 12, 1941
and that death occurred on the date and hour stated above.Immediate cause of death Hemorrhage Cerebral Duration 9/12/41Due to Arteriosclerosis general 1932

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: 930
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) _____

(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 J. L. Hampton (M.D. or other) D.O.Address Greenfield, Mo. Date signed Oct 24

RECEIVED

District Health Officer No. 6,

District File Number 1041-1615-

Date Filed OCT 13 1941

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 J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield, Vt.

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.