

Registration District No. 581578

Primary Registration District No. 4340

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

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town HOLLIDAY

(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 39 YRS (Specify whether years, months or days)

In this community 39 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE

(c) City or town HOLLIDAY
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME EBB ROLAN LONG

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 13 year 1942 hour 7 minute 0 P.M.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LAURA LONG

6. (c) Age of husband or wife if alive N.K. years

7. Birth date of deceased JULY 3, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 13, 1942 to July 13, 1942 at Holliday, Mo.

that I last saw him alive on July 13, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 0 Days 10 If less than one day hr. min.

Immediate cause of death Coronary Thrombosis

Duration 19 Days

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

Due to.....

Due to.....

10. Usual occupation LABORER

Other conditions (Include pregnancy within 3 months of death) 94a

11. Industry or business M. K. T. Ry.

Major findings: Of operations.....

12. Name HENRY LONG

Of autopsy.....

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

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

14. Maiden name ROLAN MOONER

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

16. (a) Informant Con R. Long

(b) Address HOLLIDAY, MO.

17. (a) BURIAL (b) Date thereof 7-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holliday Mo.

18. (a) Signature of funeral director Speed Blakey

(b) Address PARIS, MO.

19. (a) 7-13-42 (b) Chas Hedberg
(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) (c) Means of injury

23. Signature Chas Hedberg

Address PARIS, MO. Date signed 7-13-42

RECEIVED
District Health Officer No. 10
7-42-14 96
District File Number
Date filed APR 23 1942

RECEIVED
District Health Officer No. 40

APR 23 1942

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.

Signed.....
W. B. Blakey

.....
Licensed Embalmer No. *2616*

.....
P. O. Address *Paris, 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.