S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40561

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 277

76
54

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski 85
(c) City or town Dixon 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Homer Edwin Long
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 6 (Day) 1941 (Year)

8. AGE: Years 1 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Melvin Long
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Jaunita Vales
15. Birthplace (City, town, or county) Wyoming 1 (State or foreign country)

16. (a) Informant Mrs. Melvin Long
(b) Address Dixon, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation Dixon, Missouri
18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Missouri
19. (a) 12-17-42 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23rd
year 1942 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 16th, 1942 to Nov 23rd, 1942
that I last saw him alive on Nov 23rd, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia	8 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Tracheitis	3 days
Emergency Tracheotomy	

108

Major findings:
Of operation
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. B. Chenoweth (M. D. or other)
Address Jefferson City, Mo. Date signed 1/5/43

894

(Licensed Embalmer's Statement on Reverse Side)

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 Nov 24, Registered Apprentice No. ....., working under my personal supervision.

Signed Fred D. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon 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.