

FILED FEB 11 1943

Registration District No. 703

Primary Registration District No. 5579

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Jasper  
 (c) Name of hospital or institution: Jasper 60 TBC Hospital  
 (d) Length of stay: In hospital or institution 3 months  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME George A. Long  
 3. (b) If veteran, name war NONE  
 3. (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 EMMA JANE HESSER LONG  
 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased DECEMBER 5, 1871

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>1</u>	<u>4</u>	hr. _____ min.

9. Birthplace BENTON COUNTY, ARK.

10. Usual occupation RETD. FARMER

11. Industry or business \_\_\_\_\_  
 12. Name WILLIAM JAMES LONG  
 13. Birthplace LINN CREEK MISSOURI  
 14. Maiden name MARY IVIE  
 15. Birthplace KIRKSVILLE MISSOURI

16. (a) Informant's own signature MRS. G. A. LONG  
 (b) Address 1152 S. Maple St., Carthage, Mo  
 17. (a) Burial (b) Date thereof 1-12-43  
 (c) Place: burial or cremation MT. HOPE CEMETERY  
 18. (a) Signature of funeral director ED. C. ULMER  
 (b) Address 1208 GARRISON AVE. CARTHAGE, MO

19. (a) Jan. 12, 1943 (b) Mrs. E. L. Long  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Carthage  
 (d) Street No. Rt. 3  
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 9  
 year 1943 hour 2 minute 35 P M.

21. I hereby certify that I attended the deceased from Oct 8, 1942 to Jan 9, 1943  
 that I last saw him alive on Jan 9, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 John E. Douglas (M. D. or other)  
 Address Carthage, Mo Date signed 1/9/43

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

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

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.

