

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 26 1943

Registration District No. 374

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6273 4547 Registrar's No. 113

State File No.

1. PLACE OF DEATH:

(a) County North
(b) City or town Grant City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community - 76 years 8 - 18 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Jasper Long

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Lydia Long 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Jan 4 1866 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 18 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name William Long

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

14. Maiden name Elvira Eagle

15. Birthplace Unknown South Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Lydia Long

(b) Address Sheridan Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Legdora Mo

18. (a) Signature of funeral director John Anderson Jr

(b) Address Grant City Mo

19. (a) Feb 5, 1943 (Date received local registrar) (b) Aelene Schellen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North
(c) City or town Grant City Mo (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1943 hour 100 minute PM

21. I hereby certify that I attended the deceased from 1938, 19 to Jan 6 1943 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Medical repurgation of heart
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 S. Hays M.D. (M. D. or other) Address Grant City Mo Date signed 1-7-43

Duration

5 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

John Andrews Jr....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John Andrews Jr
Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.