S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9643

State File No.

FILED APR 8 1943

Registration District No. 41

Primary Registration District No. 3125

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural, Center, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D.# 1, Faucett, Missouri (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 67 yrs. 8 mos. 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. R.F.D.# 1, Faucett, Mo. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Julia Long,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George W. Long,

6. (c) Age of husband or wife if alive 82 yrs years

7. Birth date of deceased July 3rd. 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	8	5	hr. min.

9. Birthplace Buchanan County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business Home

FATHER
12. Name Joseph Russell,
13. Birthplace Buchanan County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Faulkner,
15. Birthplace Buchanan County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant George W. Long

(b) Address R.F.D.#1, Faucett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/43 (Month) (Day) (Year)

(c) Place: burial or cremation Turner Cemetery,

18. (a) Signature of funeral director Heaton Wrale & Bowman Funeral Home

(b) Address St. Joseph, Mo.

19. (a) 3/11/43 (Date received local registrar) (b) Opal E. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th. year 1943 hour 2:00 minute 30 p.M.

21. I hereby certify that I attended the deceased from Jan 18th 42, 19 to Feb 10, 1943, that I last saw h. E.R. alive on Feb 10/43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Pernicious anaemia — Duration 1 year

Infected gall bladder

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? (Specify type of place) ✓

While at work? (e) Means of injury ✓

23. Signature F.G. Thompson D (M. D. or other)

Address 825 Charles Date signed 3/9/43

1227

(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~~ .....

3/8/43, Registered Apprentice No. ✓,

working under my personal supervision.

Signed Harold L. Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, 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.