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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11460

Registration District No. 1984 Primary Registration District No. 117 Registrar's No. 709

1. PLACE OF DEATH:
(a) County St. Louis Co
(b) City or town Gravois Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Glenwood Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether
In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39
(a) State Missouri (b) County Greene 9
(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1451 Edelman
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Henry Amos Long.
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Long
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased November (Month) 11 (Day) 1878 (Year)

8. AGE: Years 64 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Pike County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Salesman
11. Industry or business
FATHER
12. Name John E. Long
13. Birthplace Pike County (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Sallie Amos
15. Birthplace Pike County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant R. B. Long
(b) Address 812 Olive St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Mo.
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) MAR 24 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23
year 1943 hour 4 minute 15 A.M.
21. I hereby certify that I attended the deceased from 3-27, 1941, to 3-23, 1943
that I last saw him alive on 3-21, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia, lobar	6 days
Due to	
Due to	
Other conditions Arteriosclerosis, general (Include pregnancy within 3 months of death)	2

Major findings:
Of operations
Of autopsy 10 P

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 Paul Ames M.D. (M. D. or other)
Address 1300 Grant Rd. Date signed 3-23-43

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1940

MAY 21 1940

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Albert G. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

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.