

FILED AUG 11 1943 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Kansas City Convalescent Home #4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Mos. (Specify whether years, months or days)

In this community 6 Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte <sup>999</sup>

(c) City or town Kansas City <sup>14</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 3093 Cissna <sup>0</sup>  
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Eva Long

3. (b) If veteran, name war no (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife David E. Long 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased January 5 1870  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26  
year 1943 hour 5 minute 45 M.

21. I hereby certify that I attended the deceased from 1-25-43  
19... to 7-26-43, 19...  
that I last saw him alive on 7-25-43, 19...  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

73 6 21 hr. min.

9. Birthplace Rossville Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Immediate cause of death Cancer of uterus

Due to 48h

Other conditions 48h  
(include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name John Wolf

13. Birthplace Edna Mills Ind.  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Blichenstaff

15. Birthplace Edna Mills Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer J. Long

(b) Address 3093 Cissna K.C. Kansas

17. (a) removal (Burial, cremation, or removal) and Hope (Specify type of place) 7/26/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park K.C. Kan.

18. (a) Signature of funeral director Leo H. King

(b) Address 703 N. 10 st. K.C. Kansas

19. (a) 7-28-43 (b) Leo E. Brown  
(Date received local registrar) (Registrar's signature)

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

23. Signature Leo E. Brown (M. D. or other)

Address 2201 W. 12th St. Date signed 8-26-43

**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 Char. H. Rider  
Licensed Embalmer No. 3404  
P. O. Address 703 N. 10th St. (2) K2

**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.**