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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18003

Registration District No. 720 Primary Registration District No. 4197 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Stanberry (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 ✓ (Specify whether

In this community 43 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gentry

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

(d) Street No. 401 E. 3rd St (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Mr Clarence G. Long

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

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

6. (b) Name of husband ~~or wife~~ Mrs Elizabeth Long

6. (c) Age of ~~husband or~~ wife ~~if~~ alive 64 years

7. Birth date of deceased March (Month) 11 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	2	3	✓ hr. ✓ min.

9. Birthplace Harrisburg (City, town, or county) PA (State or foreign country)

10. Usual occupation retired R.R. Employee

11. Industry or business Wabash R.R.

FATHER
12. Name William C. Long.
13. Birthplace (City, town, or county) PA (State or foreign country)

MOTHER
14. Maiden name Flora Grubb
15. Birthplace (City, town, or county) PA (State or foreign country)

16. (a) Informant Mrs Elizabeth Long

(b) Address Stanberry MO

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/16/44 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Stanberry MO

18. (a) Signature of funeral director Laton H. Phillips

(b) Address Stanberry MO

19. (a) ~~5/16/44~~ (Date received local registrar) Homer M. Mbster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1944 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 1, 1944, to May 14th, 1944 that I last saw him alive on May 13, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 R H Beeto D.O. (~~M.D.~~ or other)

Address May 15 - 1944 Date signed 5/15/44

5/22/44 1108 (Licensed Embalmer's Statement on Reverse Side) Stanberry MO

DEC 11 1946

Dr. R. H. Beets

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 Latory H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonberry MV

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.