

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED JUN 12 1944

Registration District No. **12** Primary Registration District No. **3127**

Registrar's No. **46**

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

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution: **Jane Chinn Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 days**
(Specify whether years, months or days)

In this community **70 years**

3. (a) PRINT FULL NAME **John Long**

3. (b) If veteran, name war **3. (c) Social Security** No.

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**

6. (b) Name of husband or wife **Bernice Long** **6. (c) Age of husband or wife if alive** **73** years

7. Birth date of deceased **November 6th 1866**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	6	23	hr. min.

9. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Farming**

12. Name **Wm. J. Long**

13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Maggie Pinkerton**

15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. J. Long**

(b) Address **Webb City, Mo.**

17. (a) Burial **(b) Date thereof** **5 31 '44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carl Junction Cemetery**

18. (a) Signature of funeral director **Roney Funeral Service**

(b) Address **102-106 N. Main, Carl Jct. Mo.**

19. (a) Date received local registrar **June 3 1944** **(b) Registrar's signature** **Mrs. Gillis**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Carl Junction**
(If outside city or town limits, write "RURAL") **3**

(d) Street No. **210 Skinner**
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **29**
year **1944** hour **11:30** minute **a** M.

21. I hereby certify that I attended the deceased from **May 11** 19**44** to **May 29** 19**44**
that I last saw him alive on **May 29** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocardite**

Due to

Due to

Other conditions **938**
(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Wm. J. Long** (M. D. or other)

Address **Webb City, Mo.** Date signed **6/3/44**

44-5-473

W. J. ...

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 *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

P. O. Address *Joplin 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.