V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33276

Registration District No. 149 Primary Registration District No. 6002 Registrar's No. 4385

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 SOUTH SIDE TRANSFER & STORAGE 6244 Troost (Rear) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- 1 (Specify whether

In this community 7 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 4

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

(d) Street No. 4107 A TROOST AVENUE (If rural, give location)

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

If yes, name country --

3. (a) PRINT FULL NAME FRED BAYLES LONG

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. 487-16-1117

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. PEARL C. LONG

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased MAY (Month) 3 (Day) 1892 (Year)

8. AGE: Years 52 Months 5 Days 26 If less than one day ___ hr. ___ min.

9. Birthplace LAMAR (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation TRUCK DRIVER

11. Industry or business SOUTH SIDE TRANSFER & STORAGE CO.

FATHER
12. Name WILLIAM LONG
13. Birthplace UNKNOWN (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name IDA MAY BUNN
15. Birthplace CEDAR RAPIDS (City, town, or county) IOWA (State or foreign country)

16. (a) Informant Mrs Pearl C Long

(b) Address 4107A Troost Ave KC Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-1-1944 (Month) (Day) (Year)

(c) Place: burial or cremation TOPEKA CEMETERY TOPEKA, KANSAS

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 10-31-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 29TH year 1944 hour 9 minute 45 A.M.?

21. I hereby certify that I attended the deceased from ___, 19__ to ___, 19__; that I last saw h___ alive Deputy Coroner ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Due to Hypertrophy of Heart

Due to

Other conditions (Include pregnancy within 3 months of death) 95 C

Major findings:
Of operations

Of autopsy See Above

Duration

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 A. E. Ussher (M. D. or other) MD

Address 28 McCoy Date signed 10/30/44

(Licensed Embalmer's Statement on Reverse Side)

DEC 8 1944

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 Oscar A. Samuelson

Licensed Embalmer No. 3002

P. O. Address Kansas City 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.