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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Russell Prairie, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Jackson County Home for the Aged  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs 5  
(Specify whether years, months or days)

In this community 6 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 523 Grand  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Long

3. (b) If veteran, name war - P -

3. (c) Social Security No. 496-03-7959

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Feb. 14 1881  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1944 hour 11:50 minute P. M.

21. I hereby certify that I attended the deceased from 3/15, 1940 to 9/16, 1944  
that I last saw him alive on 9/15, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 7 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Kansas City Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Lab. Chem.

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Parents Jackson County Home

(b) Address 44 Independence, Mo.

17. (a) Anatomical (b) Date thereof 9-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.C. College of Dist. Surg.

18. (a) Signature of funeral director H. B. Adams

(b) Address 215 S. 1st St. Kansas City, Mo.

19. (a) Sept 18, 1944 (b) F. W. Schick  
(Date received local registrar) (Registrar's signature)

Immediate cause of death cardiac asthma

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (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 J. H. Green (M. D. or other) \_\_\_\_\_

Address Independence, Mo. Date signed 9/17/44

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

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1162

(Licensed Embalmer's Statement on Reverse Side)

**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..... *H. B. Langford*.....  
Licensed Embalmer No. *5233*.....  
P. O. Address..... *Lee's Summit*.....

**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.**