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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34645

State File No.

Registration District No. 181

Primary Registration District No. 5625-

Registrar's No. 26

1. PLACE OF DEATH:

(a) County LINCOLN

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

(c) Name of hospital or institution: RURAL
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln

(c) City or town _____ (If outside city or town limits, write "RURAL") 57

(d) Street No. R.F.D _____ (If rural, give location) 0

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

If yes, name country _____ 0

3. (a) PRINT FULL NAME Ernest Elmer Long

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1944 hour 2 minute 45 M.

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife MARY CATHERINE CRANK LONG

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

7. Birth date of deceased Sept 21 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1930 to Sept 10 1944

that I last saw him alive on an _____ 1944

and that death occurred on the date and hour stated above.

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

70 11 20 hr. min.

Immediate cause of death Angina Pectoris

Due to hypertension

Due to arterio sclerosis

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: 948

9. Birthplace 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name Joseph Van Buren Long

13. Birthplace 0 Missouri
(City, town, or county) (State or foreign country)

14. Maiden name MARY SUSAN McCormick

15. Birthplace 0 Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Orphan Long

(b) Address Elsbury - Mo.

17. (a) Burial (b) Date thereof 9-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK Ridge Cem

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? _____

18. (a) Signature of funeral director Clifton Miller

(b) Address Elsbury, Missouri

19. (a) Nov 6 1944 (b) St. Williams
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. V. Feely (M. D. or other) _____

Address Elsbury, Mo Date signed 9-14-44

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

7000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-8-44

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 me

Sept 11-1944, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsbury, 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.