

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED DEC 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39104

State File No.

Registration District No. 62-74-37

Primary Registration District No. 37-4

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Worth Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Middlebrook
(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 Entire life years, months or days

3. (a) PRINT FULL NAME

William Levi Long

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna L Long 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased June 2 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Vermilion County Ill (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business "

12. Name Charles Franklin Long
13. Birthplace Vermilion County Ill (City, town, or county) (State or foreign country)
14. Maiden name Emily Smith
15. Birthplace Vermilion County Ill (City, town, or county) (State or foreign country)

16. (a) Informant Anna L Long
(b) Address Worth Missouri

17. (a) Burial (b) Date thereof Sept 18 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Grant City Mo

18. (a) Signature of funeral director John Andrews Jr
(b) Address Grant City Missouri

19. (a) Oct 15 1944 (b) Adlene Scadden (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
(c) City or town Worth Missouri (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from June 10 1944 to Sept 14 1944; that I last saw him alive on Sept 13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Heart (myocardial degeneration) Duration 3 1/2

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) (c) Means of injury

23. Signature Shirley M (M. D. or other)
Address Shirley M Date signed Sept 14 1944

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

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.....

John Andrews Jr......, Registered Apprentice No.....
working under my personal supervision.

Signed.....*John Andrews Jr.*
Licensed Embalmer No. *4211*

P. O. Address *Grant 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.