

FILED JAN 13 1945

State File No. _____

Registration District No. 2

Primary Registration District No. 5477

Registrar's No. 336

1. PLACE OF DEATH:

(a) County G. K. County
 (b) City or town MADISON TWP.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution R.A.D. #6 Denton Mo.
(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 1 year
years, months or days

3. (a) PRINT FULL NAME Billy Lee Long

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Feb 7 1944
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---------------|-----------|-----------|----------------------|
| 24 | <u>07</u> | <u>25</u> | — hr. — min. |

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

10. Usual occupation INFANT

11. Industry or business _____

12. Name BILL LONG

13. Birthplace Grundy Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Edna Davidson

15. Birthplace Grundy County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Long

(b) Address Denton Mo. R-7-D#6

17. (a) burial (b) Date thereof Dec 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fun Home

18. (a) Signature of funeral director James A. Adams

(b) Address Denton Mo.

19. (a) 12-2-44 (b) J. D. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40
 (c) City or town Rural 5
(If outside city or town limits, write "RURAL") 3
 (d) Street No. R 70 #6, Denton Mo.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
 year 1944 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from Dec 21
 _____, 1944 to Dec 24, 1944
 that I last saw her alive on Dec 24, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Streptococci for throat 2 days
 Due to Strept. Infection of Throat
 Due to _____

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

Major findings: Of operations 15 lb
 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) (Means of injury)

23. Signature Clayton Deffen (M. D. or other) _____
 Address Denton Mo. Day signed Dec 24 1944

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

Myself

....., Registered Apprentice No.....

Signed.....

Raymond A. Warr

.....
Licensed Embalmer No. *3424*

P. O. Address..... *Clinton 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.