

Registration District No. \_\_\_\_\_

Primary Registration District No. 5572

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Prairie Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jackson County E. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days (Specify whether  
in this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 701 East Herford  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Franklin Long

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced ✓  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 29<sup>th</sup> 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 7 27 hr. min.

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

10. Usual occupation Retired

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

MOTHER FATHER  
12. Name Joseph Long  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Long (son)  
(b) Address 701 E. Herford Ind. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/45  
(Month) (Day) (Year)

(c) Place: burial or cremation Graveyard

18. (a) Signature of funeral director Robert R. Speake  
(b) Address Independence, Mo.

19. (a) 11/29/45 (Date received local registrar) (b) Love J. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25<sup>th</sup>  
year 1945 hour 12 minute 28 A.M.

21. I hereby certify that I attended the deceased from 11-19-45  
19. to 11-25-45 19. \_\_\_\_\_  
that I last saw him alive on 11-25-45 19. \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Due to Anemia - Urinary retention  
Due to Benign prostatic hypertrophy  
Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 101

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 [Signature] (M. D. or other)  
Address 1001 Plaza, Independence, Mo. Date signed 11/26/45

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

48  
00

1007

**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

*Roland R. Speaks*  
.....  
Licensed Embalmer No. *3604*

P. O. Address

*Indep, 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.**