

FILED APR 28 1945

Registration District No. **1828**

Primary Registration District No. **2000**

Registrar's No. **278**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(If outside city & town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2125 Garfield /**
(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 **Missouri** (b) County **Greene** **39**
(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **1355 Benton** **6**
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **26**
year **1946** hour **8** minute **45a** M.

21. I hereby certify that I attended the deceased from **Unattended by physician**
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **probably coronary heart disease**
Due to _____
Due to _____

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

Major findings: Of operations **gpi**
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)
(d) Means of injury **1**
23. Signature: **HWS Handley** Local Registrar
(M. D. or other)
Address: **Springfield Mo** Date signed: **3/26/46**

3. (a) PRINT FULL NAME **Matthew Phillip Long**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nannette Long** 6. (c) Age of husband or wife if alive **UNK** years

7. Birth date of deceased **Sept. 4, 1876**
(Month) (Day) (Year)

8. AGE: Years **69** Months **6** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **Glenwood Iowa /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Contractor**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Long**
13. Birthplace **Williamsburg Iowa /**
(City, town, or county) (State or foreign country)
14. Maiden name **Charlotte Condit**
15. Birthplace **UNK. Ohio /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Virginia Long**
(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **3/28/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marshfield, Mo.**
H.H. Lohmeyer

18. (a) Signature of funeral director **Springfield, Mo.**
(b) Address _____

19. (a) **3-27-46** (b) **HWS Handley**
(Date received local registrar) (Registrar's signature)

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

39
2
6

8013

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.....

Roy H. Mercer, Jr......, Registered Apprentice No. *380*
working under my personal supervision.

Signed *Walter E. Hamilton*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Springfield 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.