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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13242
Registrar's No. 1954

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas city (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Lutheran O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 1 Day (Specify whether years, months or days)
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Johnson 999
(c) City or town Overland Park 14 (If outside city or town limits, write "RURAL")
(d) Street No. 79th & 69 Hiway 0 (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mark V. Long
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race wh.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dolly Long
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Dec. (Month) 25 (Day) 1871 (Year)

8. AGE: Years 74 Months 4 Days 1 If less than one day hr. min.

9. Birthplace South English (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Self Employed
11. Industry or business Tourist Court
FATHER
12. Name Solman Long
13. Birthplace Unknown (City, town, or county) Penn (State or foreign country)
MOTHER
14. Maiden name E. Meyers
15. Birthplace unknown (City, town, or county) Penn (State or foreign country)
16. (a) Informant Mrs Dolly Long
(b) Address Overland Park, Kansas.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation South English Iowa
18. (a) Signature of funeral director J. Royce Hoge
(b) Address Overland Park Kansas
19. (a) 4-27-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day April year 1946 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from 25 apr, 1946, to 26 apr, 1946 that I last saw him alive on 26 apr. 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy. — Duration 5 Min.
Due to Arterial Sclerosis — ?
Essential hypertension. — ?
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Robert M. Myers (M. D. or other) M.D.
Address 1025 Rialto Bldg Date signed 27 Apr

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Signed J. Roger Hoge

Licensed Embalmer No. 3579

P. O. Address Overland Park Kan.

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.