S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 19699

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 194

**1. PLACE OF DEATH:**

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Southeast Mo Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours (Specify whether
In this community 12 hours
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Scott 10

(c) City or town Chaffee 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country ✓

3. (a) PRINT FULL NAME William Rufus Long

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name ~~of husband~~ or wife Maryanna Utley Long

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March (Month) 7 (Day) 1869 (Year)

8. AGE: Years 77 Months 2 Days 28 If less than one day ___ hr. ___ min.

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

10. Usual occupation Farmer Retired

11. Industry or business

FATHER
12. Name Samuel Long
13. Birthplace ——— (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Adaline Bowman
15. Birthplace Scott Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs W R Long
(b) Address Chaffee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hunter Scott Co Mo

18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Chaffee Mo

19. (a) 6-8-1946 (Date received local registrar) (b) C. E. Summers (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 5th (1946)
year 1946 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 5th 1946 to June 5th 1946, 19__;
that I last saw him alive on June 5 1946
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Heart block | 12 hrs |
| Due to Coronary sclerosis | 12 mo |
| 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 W H Wiegand (M. D. or other)
Address Cape Girardeau Date signed 6-7-46

44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 746-2292

Date Filed 7-6-46

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**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 Mamie Bieplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.**