No. 2
—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 2 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19810

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 49

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(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 Kansas (b) County Wyandotte 14
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 926 Ohio St 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 20
If yes, name country

3. (a) PRINT FULL NAME CHARLES W. Long Jr.

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

4. Sex Male C 5. Color or race White 6. (a) Single, widowed, married, divorced Single 11

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

7. Birth date of deceased July (Month) 26 (Day) 1933 (Year)

8. AGE: Years 12 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Baltimore (City, town, or county) Md. 1 (State or foreign country)

10. Usual occupation School Boy

11. Industry or business

FATHER
12. Name Chas W. Long Sr.
13. Birthplace Baltimore (City, town, or county) Md. 1 (State or foreign country)

MOTHER
14. Maiden name Mildred Davis
15. Birthplace Hays (City, town, or county) Kan 1 (State or foreign country)

16. (a) Informant Chas W. Long Sr.
(b) Address 926 Ohio Kansas City Kan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Green City Mo

18. (a) Signature of funeral director Church Wicker Co.
(b) Address Liberty Mo.

19. (a) June 18 1946 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1946 hour — minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h. Coroner's case alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning

Due to Coroner's case

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Coroner's case
Of autopsy 183.3 36

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24
(a) Accident, suicide, or homicide (specify) Drowning
(b) Date of occurrence Unknown about 6-18-46
(c) Where did injury occur? found 1 mi So. of So. Liberty Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Mo. River Bank William Howard Farm
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. W. Prather Coroner (M. D. or other) 3
Address Excelsior Springs Mo Date signed 6-18-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-29-46

JUL 17 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, ~~or by~~.....
....., Registered Apprentice No.....,
working ~~under my personal~~ supervision.

Signed Edgar Archer.

Licensed Embalmer No. 3311

P. O. Address Liberty 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.