S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

19245

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 2 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20370

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2785

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: Polyclinic Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. 5 min. (Specify whether years, months or days)

In this community 2 hrs. 5 min.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Wyandotte

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 2926 North 26th Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: John Ray Long

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: June (Month) 21 (Day) 1946 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 2 hr. 5 min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Robert L. Long
13. Birthplace: Gallatin (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Martha C. Martin
15. Birthplace: Kansas City (City, town, or county) Kansas (State or foreign country)

16. (a) Informant: Robert L. Long
(b) Address: 2926 North 26th Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: June 22-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Geo. H. Long
(b) Address: 703 North 10th Street

19. (a) 6-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 8:55 P.M. 6-21, 1946 to 11:00 A.M. 6-21, 1946 that I last saw him alive on 6-21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: PREMATURE BIRTH (6 mo.) — Duration

Due to: A FALL by the mother

Due to:

Other conditions: NONE
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

159

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): Accident
(b) Date of occurrence: 6-19-46
(c) Where did injury occur? Kansas city (City or town) wyd. (County) Kans (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? no (e) Means of injury: fall in home

23. Signature: R. V. Culp D.O. (M. D. or other)
Address: 2202 A. Eff. 31st, K.C., Mo. Date signed: 6-22-46

(Licensed Embalmer's Statement on Reverse Side)

R. D. Culp
2202 E 31st

JUL 24 1945

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 Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address 703 N. 10 KCKs

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.