

STANDARD CERTIFICATE OF DEATH

29603

Registration District No. 42

Primary Registration District No. 1000

State File No.

Registrar's No. 1092

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community 26 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1921 Parson
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALBERT LONG.

(b) If veteran, name war NO

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 26
year 1946 hour 2 minute 30 P. M.

4. Sex Male race white

5. Color or race white

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

6. (b) Name of husband or wife Viola Long

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

7. Birth date of deceased: 9-28-1959
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-19-1946 to 9-26-1946, that I last saw him alive on 9-26-1946 and that death occurred on the date and hour stated above.

8. AGE: Years 8:6 Months 11 Days 28
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral arterio-sclerosis

Due to arterio-sclerosis 35 years?

9. Birthplace Litchman Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Painting Contractor

Due to Seizure with prodromal episodes (PSYCHOTIC) 1 year

Other conditions Fracture neck of left femur 8 days
(Include pregnancy within 3 months of death)

11. Industry or business Daniel R Long

12. Name Daniel R Long

13. Birthplace Litchman Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Viola Long

15. Birthplace Litchman Illinois
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 1800
18

16. (a) Informant E. H. Long

(b) Address 1921 Parson St. St. Joseph, Mo.

17. (a) B (Burial, cremation, or removal)

(b) Date thereof 9/28/46
(Month) (Day) (Year)

(c) Place: burial or cremation ashland

18. (a) Signature of funeral director St. Joseph

(b) Address St. Joseph Mo

19. (a) Sept. 30, 1946
(Date received local registrar)

(b) J. H. Mares
(Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 131

(b) Date of occurrence Sept 20, 1946

(c) Where did injury occur? St. Joseph, Buchanan, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? No (Specify type of place)

(e) Means of injury fall

23. Signature J. H. Mares (M. D. or other) 0

Address State Hospital No. 2 Date signed 9-26-46

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

MOTHER FATHER

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.....

John W. Stacey

Licensed Embalmer No.....

2435

P. O. Address.....

St. Joseph

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.