

FILED FEB 5 1947

Registration District No. 156

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

43522
State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Marion L. 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, Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: October 14 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: Marion Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation: Musician

11. Industry or business _____

12. Name Shadrick Long
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Tuttle
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. G. Boice
(b) Address Carmel, California

17. (a) Removal (b) Date thereof 12/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus, Kansas

18. (a) Signature of funeral director Askins-Wene
(b) Address Salina, Kansas
19. (a) 2-1-47 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee
(c) City or town Galena
(If outside city or town limits, write "RURAL")
(d) Street No. 513 Washington
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1946 hour 10 minute 45A M.

21. I hereby certify that I attended the deceased from
December 15 1946 to December 22 1946
that I last saw him alive on December 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Duration 1 wk.

Due to 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 J. H. Walker (M. D. or other) _____
Address Joplin Mo Date signed 12/23/46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.