S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1947

Registration District No. 88

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4151

State File No. 4408

Registrar's No. 7

1. PLACE OF DEATH:
(a) County CRAWFORD
(b) City or town STEELVILLE
(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 years, months or days)
In this community 68 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CRAWFORD
(c) City or town STEELVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES ALBERT LONG
3. (b) If veteran, name war —
3. (c) Social Security No. 490-30-2014
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ELSIE
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased SEPT. (Month) - 28 (Day) - 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	4	11	hr. min.

9. Birthplace CRAWFORD CO. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name G. M. LONG
13. Birthplace (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name MARTHA PENSON
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant RAYMOND LONG
(b) Address STEELVILLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation SCHWIEDERS
18. (a) Signature of funeral director [signature]
(b) Address STEELVILLE, MO.
19. (a) 2-15-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1947 hour 1 minute 00 A.M.
21. I hereby certify that I attended the deceased from 1943 to Feb. 8 1947 that I last saw him alive on Feb. 8 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tubercular meningitis	5 days
Due to Miliary Tuberculosis	1 yr.
Due to Pulmonary Tuberculosis	7 yr

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 William H Robey (M. D. or other) DO
Address Steelville Mo. Date signed 2/13/47

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1947

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 C. Jesse Isaac, Registered Apprentice No. 433, working under my personal supervision.

Signed Thomas L. Lachert

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.