

S. No. 2
-11-10-39
v. 5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12224

State File No. _____

FILED APR 9 1947

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 60

I. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution State Hospital # 3, 2
(If not in hospital or institution, write street number or location)

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

In this community 5 days

8. (a) PRINT FULL NAME G R Long

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 12 5 1892
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Arnon Long

13. Birthplace Barry County Mo Mo
(City, town, or county) (State or foreign country)

14. Maiden name B. K.

15. Birthplace D. K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Long (wife)

(b) Address Curdy Mo

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

(b) Date thereof 3-30-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Arnhart Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville Mo

19. (a) 4-2-47
(Date received local registrar)

(b) Walter Hancy
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 108

(c) City or town Curdy Mo R.F.D. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25
year 1947 hour 1050 minute 7 P. M.

21. I hereby certify that I attended the deceased from 3-20-1947 to 3-25-1947
that I last saw him alive on 3-25-1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral arteriosclerosis ?

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 97

Of autopsy _____

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? _____

While at work? _____
(Specify type of place)

Means of injury 0

23. Signature W. B. Burch (M. D. or other) _____

Address State Hospital # 3 Date signed 3-25-47

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

RECEIVED
District Health Officer No. 3-47-3
District File Number 4-8-47
Date Filed
MAY 1 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 _____

H. H. Elkins

Registered Apprentice No. *495*

working under my personal supervision.

Signed *G. E. Culver*

Licensed Embalmer No. *3584*

P. O. Address *Cassville*

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, above space should be left blank.