

S. No. 2  
1-12-45  
7-5-17-39  
I X47070

FILED MAY 5 1947  
Registration District No. **128**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**553 West Webster**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **Lifetime** years, months or days)

3. (a) PRINT FULL NAME **Nick Long**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Nora Long**

6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **August 15 th. 1859**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>87</b>	<b>8</b>	<b>8</b>	hr. _____ min. _____

9. Birthplace **Manchester near St. Louis, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **Nicholas Long**

13. Birthplace **?? Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Eoff**

15. Birthplace **?? Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Kenneth Long**

(b) Address **501 S. Florence**

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

(b) Date thereof **4-25, 1947**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Clear Creek**

18. (a) Signature of funeral director **W. L. Dunn**

(b) Address **Springfield, Mo.**

19. (a) **4-26-47** (Date received local registrar)

(b) **W. E. Handy** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Springfield** **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. **553 West Webster** **6**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23 rd.**  
year **1947** hour **8** minute **XX P.** M.

21. I hereby certify that I attended the deceased from **June 1, 1946** to **Apr 23, 1947**  
that I last saw him alive on **April 15, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial insufficiency**  
**Due to degenerative cardiac vascular disease**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **930**

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)

(c) Means of injury **0**

23. Signature **Arthur D. Kraft MD** (M.D. or other) \_\_\_\_\_

Address **450 W. E. Court St.** Date signed **4-25-47**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

JUN 19 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *B. L. McCann* .....

Licensed Embalmer No. *2727* .....

P. O. Address *Springfield 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.