

DEPARTMENT OF COMMERCE -
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 1, 1947

Registration District No. 137

Primary Registration District No. 5518

Registrar's No. 106

1. PLACE OF DEATH:

(a) County HENRY

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

(c) Name of hospital or institution: WALKER TWP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days)

In this community LIFE TIME

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town urich mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. walker Twp 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM THOMAS LONG

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1947 hour 6:15 minute A M.

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife HATTIE GIDEON LONG

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

7. Birth date of deceased AUG. 19 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 7 1947 to April 22 1947
that I last saw him alive on April 22 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76 8 6 hr. min.

Immediate cause of death Uremic Poisoning Disease
cardio-renal 2-yr

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

Due to _____

Due to _____

Other conditions Intest. Ulcer ?
(Include pregnancy within 3 months of death)

10. Usual occupation FRAMER

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN J. LONG

13. Birthplace MILLER CO. mo
(City, town, or county) (State or foreign country)

14. Maiden name NANCY HUNT

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

Major findings: Of operations 131A

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Juan Long

(b) Address 75 C. Mo

17. (a) Burial (b) Date thereof 4-26-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White oak Cem

18. (a) Signature of funeral director H. A. Carrant

(b) Address Clinton mo

19. (a) 4-26-47 (b) H. R. Kennedy 20
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury C

23. Signature J. S. McDonald (M. D. or other) _____
Address urich mo Date signed 7/25-47

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

42
0
0

RECEIVED

District Health Officer No. 7,

District File Number 8-47-511

Date Filed 4-28-47

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, ~~as by~~

....., Registered Apprentice No.

working under my personal supervision.

Signed H. J. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.