

Registration District No. **376**

Primary Registration District No. **6282 4560**

Registrar's No. **108.14**

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

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: at Home
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright **114**

(c) City or town Norwood **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **0**

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

If yes, name country _____

3. (a) PRINT FULL NAME Louis Joseph Long

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1947 hour 1 minute 10 P.M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rachel Long 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased: April 19 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1940 to Mar 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>11</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death myocardial infarction

Due to _____

Due to as found

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

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

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER {

12. Name Unknown

13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant A. B. Owens

(b) Address Norwood, Missouri

17. (a) Burial (b) Date thereof 3-25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Thomas Cemetery

18. (a) Signature of funeral director Thomas A. Hall

(b) Address Box 136, Norwood, Missouri

19. (a) 3-31-47 (b) Mrs. A. P. Wrenham
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 3/23/47

RECEIVED

District Health Officer No. 6,

District File Number 447-463

Date Filed APR 22 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, Thomas J. Haulden

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

Signed Thomas J. Haulden

Licensed Embalmer No. 4317

P. O. Address Box 136, Norwood, 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.