No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31057

Registration District No. 144 | Primary Registration District No. 4236 | Registrar's No. 15

1. PLACE OF DEATH:
(a) County: IRON
(b) City or town: DES ARC
(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: 10 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: IRON 47
(c) City or town: DES ARC 0
(If outside city or town limits, write "RURAL")
(d) Street No.: — 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: FREDRICK A. LONG
3. (b) If veteran, name war: ✓
3. (c) Social Security No.:
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MYRTA L. LONG
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: OCT. (Month) 1 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
67	11	20	hr. min.

9. Birthplace: BRIGHTON (City, town, or county) ILL (State or foreign country) /
10. Usual occupation: TEACHER
11. Industry or business: PUBLIC SCHOOL
FATHER
12. Name: CHARLES P. LONG
13. Birthplace: BRIGHTON (City, town, or county) ILL. (State or foreign country) /
MOTHER
14. Maiden name: ELLA BORDING
15. Birthplace: BRIGHTON (City, town, or county) ILL. (State or foreign country) /
16. (a) Informant: MABEL SEALS
(b) Address: PIEDMONT
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: APR 23 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: JERSEYVILLE ILL.
18. (a) Signature of funeral director: Norman W. Fish
(b) Address: Piedmont Mo.
19. (a) 9-22-47 (Date received local registrar) (b) Ava Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 21 year 1947 hour 2 minute — P.M.

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

Immediate cause of death: Diabetic Coma
Due to: Diabetes
Due to:
Other conditions: Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: 0

Duration

PHYSICIAN — Underline the cause of 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: 0

23. Signature: L. E. Young (M. D. or other)
Address: Piedmont Mo. Date signed: 9-22-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

947-123

9-26-4

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 Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont, 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.