

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35446

State File No. _____

FILED NOV 12 1947

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 365

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos., 14 days
(Specify whether years, months or days)
In this community _____
years, months or days

3. (a) PRINT FULL NAME ALBERT LONG-

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased November 27 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name James P. Long

13. Birthplace Bollinger County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Susan Green

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof Oct. 21, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patton Cemetery, Patton, Baker Funeral Home

18. (a) Signature of funeral director _____
(b) Address Lutesville, Missouri

19. (a) 11-4-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger 94
(c) City or town Patton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1947 hour 10 minute 40 A. M.

21. I hereby certify that I attended the deceased from August 15, 1947, to October 29, 1947
that I last saw him alive on October 29, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular Pneumonia
Due to Arteriosclerosis

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy No 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?
O.

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

23. Signature George H. Vena (M. D. or other) MD

Address Farmington, Mo. Date signed 11-3-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 1147-1427
Date Filed 11-10-47

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

Signed *C. J. Baker*
Licensed Embalmer No. 3572
P. O. Address Lutesville, Md

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.