No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1947

Registration District No. 15

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42048

Primary Registration District No. 5572

Registrar's No. 215

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Greenwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Delivery Town 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Greenwood 0
(If outside city or town limits, write "RURAL")
(d) Street No. General Delivery Town 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert John Long
3. (b) If veteran, name war World War 1
3. (c) Social Security No. 499-18-1606
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rena Long
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased April 6 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	8	4	hr. min.

9. Birthplace Greenwood (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Mechanic
11. Industry or business Garage
FATHER
12. Name Ivan Long
13. Birthplace Cass County (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Stella Wilkins
15. Birthplace Greenwood (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Rena Long
(b) Address Greenwood Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Mo.
18. (a) Signature of funeral director W. A. Lange Jr.
(b) Address Lee's Summit Mo.
19. (a) 12-15-47 (Date received local registrar) (b) Donald C. Earnshaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1947 hour 1 minute 15 A.M.
21. I hereby certify that I attended the deceased from 9-3, 1947 to 12-10, 1947
that I last saw him alive on 12-9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	3 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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

23. Signature [illegible] (M. D. or other) MD
Address Lee's Summit Mo. Date signed 12-10-47

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1948

JAN 8 1948

JAN 5 1948

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.....

Licensed Embalmer No. 3833

P. O. Address Lee' Summit

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.