S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 30 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42090

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 192

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jasper
(c) City or town Webb City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Jane Chinn Hosp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Barbara Ann Long
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S O
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 11 (Month) 12 (Day) 1947 (Year)

8. AGE: Years 0 Months 1 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Webb City (City, town, or county) Mo (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name Lloyd Long
13. Birthplace Carl Junction (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Lillian Garrison
15. Birthplace Neck City (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Lloyd Long
(b) Address Lawton, Ks.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Carl Jct Cemetery
18. (a) Signature of funeral director Don Roney
(b) Address Carl Junction Mo.
19. (a) DEC-18;47 (Date received local registrar) (b) [illegible] (Registrar's signature) 129

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16
year 1947 hour 6 minute 15 a.M.

21. I hereby certify that I attended the deceased from Dec 10, 1947, to Dec 16, 1947;
that I last saw her alive on 12-15, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congenital Heart Lesion with Tardive Cyanosis	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 2

23. Signature [illegible] (M. D. or other) DO
Address Webb City Mo Date signed 12/18/47

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

47-12-962

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.