

FILED MAR 4 1948

State File No.

Registration District No. 372

Primary Registration District No. 6286

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Wright
 (b) City or town Mtn. Grove-rural wood twp
(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
 In this community 79 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
 (c) City or town Mountain Grove (Rural)
(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 _____

3. (a) PRINT FULL NAME

Francis Marion 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 Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 14 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 16 hr. min.

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

10. Usual occupation Farmer (Retired)

11. Industry or business _____

12. Name James Long

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Martina Wright

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

16. (a) Informant Marvin Yocum

(b) Address Mountain Grove, Missouri

17. (a) Burial (b) Date thereof 9/1/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain valley Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Mountain Grove, Missouri

19. (a) 2-21-48 (b) A. B. Ames
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th
 year 1947 hour 10 minute 30 A. M.
 21. I hereby certify that I attended the deceased from August 17th
 19 47 to August 30th 19 47
 that I last saw him alive on August 30th 19 47
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration 13 days

Due to _____

Due to _____

Other conditions 837
(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 ②

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

Address Mountain Grove, Mo Date signed 8/30/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 248-264

Date Filed FEB 25 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 George Stapp

Licensed Embalmer No. 3161

P. O. Address 17th St. S. S. S. S.

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.