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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12345

FILED MAY 6 1948

Registration District No. 170 — Primary Registration District No. 5544 — Registrar's No. 26

1. PLACE OF DEATH:

(a) County: Howard

(b) City or town: Rural Burton Township
(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: Home (Specify whether)
In this community: 2 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Howard

(c) City or town: Rural Burton Township
(If outside city or town limits, write "RURAL")

(d) Street No.: R.R.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: William Bias 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: Alice Jordan

6. (c) Age of husband or wife if alive: Alive years

7. Birth date of deceased: April (Month) 15 (Day) 1869 (Year)

8. AGE: Years 79 Months 0 Days 12 If less than one day: hr. min.

9. Birthplace: Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER
12. Name: William Henry Long
13. Birthplace: Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lydia Lewman
15. Birthplace: Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Bessie Baslee
(b) Address: Fayette Mo R1

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Boonsboro Mo.
(a) Signature of funeral director: C. S. Meneer
Address: New Franklin Mo.
1-1948 (b) Dorothy Fern Sabin
(Received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1948 hour 12 minute 20 p.m.

21. I hereby certify that I attended the deceased from April 10, 1948, to April 27, 1948, that I last saw him alive on April 23, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	17 day
Due to: Arteriosclerosis, generalized	unknown
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: Francis D. Dean (M. D. or other) MD

Address: Lake Roop Fayette, Mo. Date signed: 4-30-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-5-48

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 W. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.