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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 1 1948
127

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16065

State File No. _____

Registration District No. _____

Primary Registration District No. 5464

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Willard, Mo. R1 Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Care Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
In this community Lifetime -
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Willard, Mo. R1 Rural 90
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Care Township 9
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Crit Wood Long
3. (b) If veteran, name war NIL
3. (c) Social Security No. 500-01-2491

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24
year 1948 hour 9 minute 30 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Lacy Elizabeth Carrell Long
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased: June 8th 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10, 1948, to May 24, 1948
that I last saw him alive on 5/23, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Perforating Ulcer of Gastric
Duration 2 day

8. AGE: Years 55 Months 11 Days 16
If less than one day hr. _____ min. _____

Due to ulcer 3 1/2 mo
Due to _____

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

10. Usual occupation Farmer & Carpenter

11. Industry or business Stock & Grain farmer, Carpenter

12. Name Beuford Allen Long

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

14. Maiden name Melissa Atchley

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

16. (a) Informant Mrs Lacy Long
(b) Address Willard Mo R1

17. (a) Burial (b) Date thereof 7 May 26 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Popple Hill Cemetery
18. (a) Signature of funeral director George A. Barron
(b) Address Walnut Stn, Mo
19. (a) 5-26-48 (b) Drave P. Milam
(Date received local registrar) (Registrar's signature)

Other conditions Hemorrhagic gastritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy no 1170

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?

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

23. Signature S F Freeman (M. D. or other)
Address Springfield Mo Date signed 5/25/48

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

MOTHER FATHER

RECEIVED

Greene County Health Office, *1-1-48*

County File Number *48-5-37*

Date Filed *5-29-48*

JUN 8 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 *Rep Miller*

Licensed Embalmer No *4492*

P. O. Address *Walnut Grove, 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.