

FEDERAL BUREAU OF INVESTIGATION
STANDARD CERTIFICATE OF DEATH

State File No. 18954
Registrar's No. 67

Registration District No. 22

Primary Registration District No. 3013

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

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town NORTH KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
TRAILER CAMP-32ND & GENTRY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 6 MONTHS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY

(c) City or town NORTH KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 32ND & GENTRY
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MR. WILLIE HENRY LONG

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex MALE (b) Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MRS. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUGUST 28 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14 year 1948 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 12-15-48 to June 14 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 9 Days 17 If less than one day hr. _____ min. _____

9. Birthplace KINGSVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

Immediate cause of death Congestive Myocardial failure Duration 1 wk.

Due to Arterio-sclerotic Heart Disease yes

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name UNKNOWN LONG

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

14. Maiden name UNKNOWN

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. MARY F. THOMAS

(b) Address 3116 GREELEY AVE. K.C. KANS.

17. (a) BURIAL (b) Date thereof JUNE 16 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KINGSVILLE, MISSOURI

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address KANSAS CITY, MISSOURI

19. (a) June 16-48 (b) Beulah Kitchen
(Date received local registrar) (Registrar's signature)

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 Walter P. Hunter (M. D. or other) M.D.

Address 1408 Waldheim Bldg. Date signed 6/17/48

KC Mo.

