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 JUN 26 1948
Registration District No. 144

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

State File No. 19933
Registrar's No. 59

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nace Nursing Home 4
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether
In this community One Year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3115 Tracy 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME EFFIE GRACE LONG
3. (b) If veteran, name war --------
3. (c) Social Security No. 490163429
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife ----------
6. (c) Age of husband or wife if alive ------ years
7. Birth date of deceased November (Month) 27, (Day) 1878 (Year)

8. AGE: Years 69 | Months 6 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Registered Nurse
11. Industry or business ----------
FATHER
12. Name William Henery Long 1
13. Birthplace Elkhart Indiana (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Susiam Bolten
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country) 1
16. (a) Informant Mrs. Roy Long
(b) Address 523 Maple Warrensburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director [signature]
(b) Address Warrensburg, Missouri
19. (a) June 16, 1948 (Date received local registrar) (b) Savannah Wetterfield (Registrar's signature) 1/47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1948 hour 8:20 Am minute ..... M.
21. I hereby certify that I attended the deceased from Nov. 5
1947, to June 14, 1948
that I last saw her alive on June 10, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Uremia	10 days
Due to Renal Cardiac Vascular disease	1 year
Due to	
Other conditions Lymphoedema (Include pregnancy within 3 months of death) right arm due to cicatrices	
Major findings: Of operations right pectoral area	
Of autopsy 55E	

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 0
23. Signature [signature] (M. D. or other)
Address Warrensburg Mo Date signed 6-16-48

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

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 W. R. Beavis Jr., Registered Apprentice No. 517, working under my personal supervision.

Signed Francis Lee Schabry

Licensed Embalmer No. 4513

P. O. Address Warrensburg 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.