

FILED AUG 12 1948
Registration District No. **324**

Primary Registration District No. **3072**

1. PLACE OF DEATH:
(a) County **Saline**
(b) City or town **Marshall, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **333 E. Vest. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Saline 97**
(c) City or town **Marshall** (If outside city or town limits, write "RURAL") **1**
(d) Street No. **333 E. Vest** (If rural, give location) **0**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **JOHN HARRIMAN LONG**
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Clara Fries Long**
6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **May - 16 - 1859**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	2	10	hr. min.

9. Birthplace **Harrison Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation **unemployed**

MOTHER FATHER

11. Industry or business
12. Name **James Long**
13. Birthplace **Harpers Ferry Virg. 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Corning**
15. Birthplace **Virg. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs L. R. Stroud**
(b) Address **Marshall Mo**
17. (a) **Burial** (b) Date thereof **7-28-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New Lebanon Mo**
18. (a) Signature of funeral director **Harry Hershberger**
(b) Address **Marshall Mo**
19. (a) **July 27-1948** (b) **Edw. J. Gray**
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **26**
year **1948** hour **7** minute **30 P. M.**
21. I hereby certify that I attended the deceased from **July 26 1948**
to **July 26 1948**
that I last saw him alive on **July 26 1948**
and that death occurred on the date and as stated above
Immediate cause of death **Myocardial Infarction**
Duration **20 min**

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **94-B**
Of autopsy
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

PHYSICIAN
Underline the cause of which death should be charged statistically.
23. Signature **Matthews** (M. D. or other)
Address **Marshall Mo** Date signed **7/27/48**

RECEIVED
District Health Officer No. 2,
District File Number _____
Date Filed 8-11-48

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 _____

Joseph P. MacKler, Registered Apprentice No. 43
working under my personal supervision.

Signed Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.