FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

25508

State File No.

FILED SEP 7 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 907

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs (Specify whether
In this community 3 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph, Mo. 1
(If outside city or town limits, write "RURAL") 9
(d) Street No. Mercy Hospt. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Franklyn Dwight Long

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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 Aug. 23, 1948 (Month) (Day) (Year)

8. AGE: ✓

Years	Months	Days	If less than one day
0	0	0	2 hr. min.

9. Birthplace St. Joseph, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Thomas R. Long
13. Birthplace Oregon, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret S. Mallon
15. Birthplace Bigelow, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Thomas R. Long
(b) Address Savannah, Mo. Rt. 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellows Public Cemetery

18. (a) Signature of funeral director CLARK FUNERAL HOME Earl A Clark
(b) Address 120 Illinois Ave, St. Joseph, Mo.

19. (a) Aug. 31, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23 year 1948 hour 7 minute 5 A M.

21. I hereby certify that I attended the deceased from 8-23, 1948, to 8-23, 1948; that I last saw him alive on 8-23, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature birth of 6 1/2 months gestation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 159	
Of autops	

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 2

23. Signature E. J. Gross (M. D. or other) DO
Address 5008 King Hill Ave St. Joseph, 45, Mo. Date signed 8-23-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

De Gross

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.