

FILED SEP 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26938

Registration District No. 385

Primary Registration District No. 3039

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Marceline  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution From 7-29-  
(Specify whether years, months or days) 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Linn  
(c) City or town Marceline  
(If outside city or town limits, write "RURAL")  
(d) Street No. 50210  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Walker Waldo Long

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Birdie C. Hart 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan 13 1886  
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 28 If less than one day, hr. min.

9. Birthplace Henry Co. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business

12. Name James M. Long

13. Birthplace Miller Co. MO  
(City, town, or county) (State or foreign country)

14. Maiden name Martha B. Long

15. Birthplace Hodaway Co. MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Donald R. Long

(b) Address Higginville MO

17. (a) Funeral (b) Date thereof 8-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton MO

18. (a) Signature of funeral director August Stoofer

(b) Address Higginville MO

19. (a) Aug 16 48 (b) Mary Jane Owens  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7<sup>th</sup>  
year 1948 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from August 7, 1948, to       , 19      ;  
that I last saw him alive on August 7, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
o. in fact.

Due to Coronary Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g/f

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

23. Signature Philip L. Ottuman (M. D. or other) M.D.

Address Marceline, Mo. Date signed 8/8/48

Duration

1 wk.

5 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE

**DISTRICT HEALTH OFFICE**  
**Camden, N.J.**

**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 Forrest S. Hoops

Licensed Embalmer No. 43578

P. O. Address Higginville

**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.**

7-20-68  
11:30 AM  
N.J. 2

Registration District No. 345

Primary Registration District No. 3039

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Marionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Walker W. 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 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 62 Months Days (If less than one day) hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1948 hour 11 minute 17 M.

21. I hereby certify that I attended the deceased from 9 to 13 1948 that I last saw him alive on 13 1948 and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

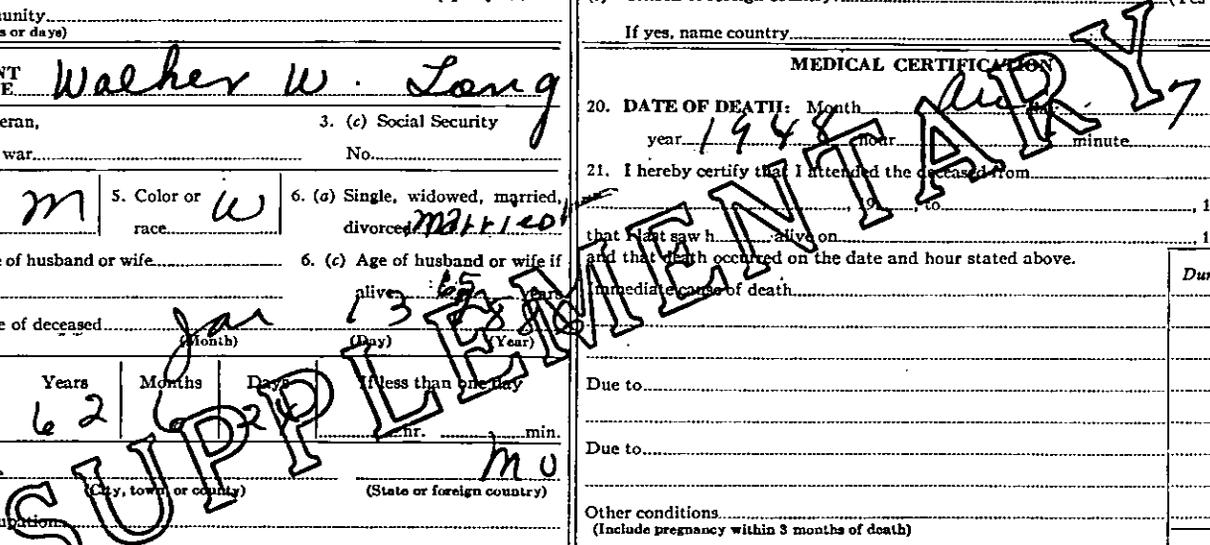
(c) Where did injury occur? (City or town) (County) (State)

(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 (M. D. or other)

Address Date signed



WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A FINGERPRINT

1948

S-26938