

Co. 300  
-10-47  
-17-39  
PI 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED DEC 20 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

**40514**

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 156

Primary Registration District No. 2807

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

**1. PLACE OF DEATH:**

(a) County JASPER

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

(c) Name of hospital or institution:  
1710 Indiana  
(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 50 Years

**3. (a) PRINT FULL NAME** HARRY AUSTIN LONG

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LELA LONG

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JULY 20 1891  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
57	5	15	hr. _____ min.

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

10. Usual occupation Electrician

11. Industry or business \_\_\_\_\_

12. Name Noble Long

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

14. Maiden name Margaret Varickle

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

16. (a) Informant Lela Long, 1710

(b) Address 1710 Indiana, Joplin, Mo.

17. (a) Burial (b) Date thereof 12-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park, Joplin

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 12-9-48 (b) [Signature]  
(Date received local registrar) (Signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper

(c) City or town Joplin  
(If outside city or town limits, write "RURAL")

(d) Street No. 1710 Indiana  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December Day 5  
year 1948 hour 1:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to Dec 5, 1948; that I last saw him alive on Dec 5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Familial Pulmonary TB

Duration 3 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: IB

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 [Signature] (M. D. or other) [Signature]

Date signed 12-7-48

DEC 22 1948

---

---

**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 F. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Joplin 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.**