

FILED DEC 20 1948

Registration District No. 374

Primary Registration District No. 6276

Registrar's No. 41

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

1. PLACE OF DEATH:  
(a) County Worth  
(b) City or town Sheridan Mo Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Worth 113  
(c) City or town Sheridan Mo Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. East of Sheridan 5 mile  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Oliver Long  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

20. DATE OF DEATH: Month Dec day 2  
year 1948 hour 7 minute 30 P M.  
21. I hereby certify that I attended the deceased from Dec 1  
1948 to Dec 2 1948;  
that I last saw him alive on Dec 1 1948;  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Naemi Long  
6. (c) Age of husband or wife if alive Not alive years  
7. Birth date of deceased Feb 17 1870  
(Month) (Day) (Year)

Immediate cause of death: Acute Coronary Occlusion Duration 24 hours  
Due to Arteriosclerotic Cardiovascular Disease 10 yrs

8. AGE: Years 78 Months 9 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Worth Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Farmer

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
ASD

11. Industry or business Farming  
12. Name William Long  
13. Birthplace Unknown Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Owen  
(b) Address Sheridan Mo

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Dec 5 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ingalls Cemetery

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

18. (a) Signature of funeral director John Anderson  
(b) Address Grant City Mo  
19. (a) Dec 7 1948 (b) Letta E. Dawson  
(Date received local registrar) (Registrar's signature)

23. Signature Frank B. Harrison M.D. or other \_\_\_\_\_  
Address Grant City Mo Date signed 12/6/48

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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.....

*John Andrews*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *John Andrews*

Licensed Embalmer No. *4211*

P. O. Address..... *Grant City 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.**