

FILED JAN 13 1949

Registration District No. _____

Primary Registration District No. 5007

Registrar's No. 47

1. PLACE OF DEATH:

(a) County ADAIR
(b) City or town RURAL - SALT RIVER
(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 years, months or days)
In this community LIFE

3. (a) PRINT FULL NAME JACKSON LONG

3. (b) If veteran, name was NINE 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 74 years
7. Birth date of deceased MARCH 22 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 12 If less than one day hr. min.

9. Birthplace KNOX CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER
12. Name REUBEN LONG
13. Birthplace MASON CO. W. VA.
(City, town, or county) (State or foreign country)
14. Maiden name ALMIRA LATA
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Walter M. Gorthlin
(b) Address Medway Mo

17. (a) home (b) Date thereof 1/6-1949
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wesleyan Cemetery

18. (a) Signature of funeral director Bob Brasher, Jr.
(b) Address Dundane Mo.

19. (a) 1-10-49 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ADAIR
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 MI. S.E. BRASHEAR
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1949 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1949 to Jan 4, 1949
that I last saw him alive on Jan 3, 1949
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
Duration 4 days

Due to _____
Due to _____

Other conditions H80
(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)
(or) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 1/4-49

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

RECEIVED

District Health Officer No. 10

District File Number 1-49-95

JAN 17 1949

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 Gertrude J. [Signature]

Licensed Embalmer No. 2755

P. O. Address Hudson

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.