

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12549

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4197		Registrar's No. 110	
1. PLACE OF DEATH a. COUNTY <b>Gentry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stanberry</b>		c. LENGTH OF STAY (in this place) <b>16 months</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City</b>		<b>1130</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Munro Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>1</b>			
3. NAME OF DECEASED (Type or Print)			a. (First) <b>John</b> b. (Middle) <b>William</b> c. (Last) <b>Long</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 23 1950</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>12 3 1865</b>	
9. AGE (In years last birthday) <b>84</b>		10. UNDER 1 YEAR Days <b>4</b>		10. UNDER 1 YEAR Hours <b>20</b>		11. BIRTHPLACE (State or foreign country) <b>Munroe County, Illinois</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William B. Long</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Carmical</b>			14. NAME OF HUSBAND OR WIFE <b>Margaret Fletchall Long</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James Long Grant City, Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage of Brain</b>					<b>2 days</b>
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		DUE TO (b) <b>Hypertension</b>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<b>331X</b>
		<b>Cerebral Hemorrhage</b>					<b>1949</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June - 10, 1944</b> , to <b>April 23, 1950</b> , that I last saw the deceased alive on <b>4-27, 1927</b> , and that death occurred at <b>4:10 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. Rasmussen M.D.</b>				23b. ADDRESS <b>Grant City, Mo.</b>		23c. DATE SIGNED <b>4-24-50</b>	
24a. BURIAL / CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4 25 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grant City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Grant City, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>April 25 1950</b>		REGISTRAR'S SIGNATURE <b>Max Edick Childs</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arch C. Dunfee</b>		ADDRESS <b>Grant City, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 380  
10. 48

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Arch C. Duffer*.....

Licensed Embalmer No. *3252*.....

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.