

FILED JUN 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. **17047**
 Registrar's No. **213**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Blue	
c. LENGTH OF STAY (in this place) 52 yrs		d. STREET ADDRESS (If rural, give location) 634 Arlington 0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Fritz c. (Last) Long			4. DATE OF DEATH (Month) (Day) (Year) May 27, 1950		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Mar. 2, 1898		9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor salesman	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY K.C. Power & Light Co.		11. BIRTHPLACE (State or foreign country) Jackson County, Mo.	
13a. FATHER'S NAME Robt. N. Long				13b. MOTHER'S MAIDEN NAME Minnie E. Mann	
14. NAME OF HUSBAND OR WIFE Mrs. Lois D. Long				12. CITIZEN OF WHAT COUNTRY? USA	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 497 26 0935		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lois D. Long, Kansas City, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		DUE TO (b) Acute Coronary Thrombosis				5 days -	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Arteriosclerotic heart disease, not known.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive heart disease several yrs.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) H 201	
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 **5-22**, 19**50**, to **5-27**, 19**50**, that I last saw the deceased alive on **5-27**, 19**50**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas E. Nelson Jr. M.D.		23b. ADDRESS Independence Mo		23c. DATE SIGNED 5-29-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 29, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.					

DATE REC'D BY LOCAL REG. May 28-1950		REGISTRAR'S SIGNATURE [Signature] 354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bole Carson Independence, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 3 RECD

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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 John M. Heiman

Licensed Embalmer No. 4704

P. O. Address Independence, 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.