

FILED AUG 21 1950

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26986  
3270

BIRTH NO. 49560-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>1 bedroom</u>		d. STREET ADDRESS (If rural, give location) <u>2703 East 59<sup>th</sup></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Gerl</u> b. (Middle) <u>Lang</u> c. (Last) <u>Long</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-24-1950</u>		
---	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>W. H. C.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>7-24-50</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
-------------------------	-------------------------------------	--	------------------------------------	---------------------------------	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	---

13a. FATHER'S NAME <u>Carl Raymond Long</u>	13b. MOTHER'S MAIDEN NAME <u>Ruby Myrtle Britton</u>	14. NAME OF HUSBAND OR WIFE _____
--	---	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. C. R. Long</u>	ADDRESS <u>2703 East 59<sup>th</sup> Kansas City, Mo</u>
---	----------------------------------	--	---

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  <u>774<sup>h</sup></u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature rupturing of membranes which prevented birth</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 7-24, 1950, to 7-24, 1950, that I last saw the deceased alive on 7-24, 1950, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Cameron F. Marshall, M.D.</u>	23b. ADDRESS <u>Plaza Theatre Bldg</u>	23c. DATE SIGNED <u>7-2-1950</u>
--	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>7-25-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hospital</u>	24d. LOCATION (City, town, or county) (State) <u>4449 C.C. Nichols K.C. Mo</u>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>7-31-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Luke's Hospital</u>	ADDRESS <u>K.C. Mo.</u>
--	--	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**