

STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1951

State File No. _____

Registrar's No. 35

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 5 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		d. STREET ADDRESS (If rural, give location) 221 Willow St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 221 Willow St.			

3. NAME OF DECEASED (Type or Print) William	a. (First)	b. (Middle) L.	c. (Last) Long	4. DATE OF DEATH (Month) (Day) (Year) Feby 7, 1951
---	------------	----------------	----------------	--

5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED divorced	8. DATE OF BIRTH May 15, 1865	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Hours 22
-------------	------------------------	---	-------------------------------	------------------------------------	--------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired plasterer	10b. KIND OF BUSINESS OR INDUSTRY building	11. BIRTHPLACE (State or foreign country) Greenfield, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	----------------------------------

13a. FATHER'S NAME Edmund Long	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE unknown
--------------------------------	-----------------------------------	-------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Addie King, Carthage, Mo.	ADDRESS
---	------------------------------	---	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 472 x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia (virus type)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia acute DUE TO (c) Malnutrition & debility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	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? none
--	--	---------------------------------

22. I hereby certify that I attended the deceased from at 10:00 AM on Feb 7, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. King, Registrar</u>	(Degree or title)	23b. ADDRESS Joplin, Mo.	23c. DATE SIGNED 2-9-51
---	-------------------	--------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-10-51	24c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
--	-------------------	--	---

DATE REC'D BY LOCAL REG. 2-10-51	REGISTRAR'S SIGNATURE <u>W. H. King</u>	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo.	ADDRESS
----------------------------------	---	--	---------

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

493

RECEIVED 2/15/51
Jasper County Health Office

County File Number 51-2-125

Date Filed 2/15/51

J
C
C

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.