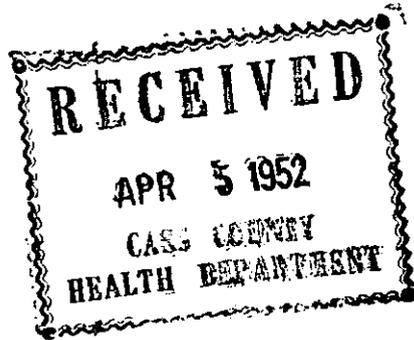


THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 1952

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4097		Registrar's No. 50			
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass					
b. CITY (If outside corporate limits, write RURAL and give township) Harrisonville			c. LENGTH OF STAY (in this place) 31 hours	c. CITY (If outside corporate limits, write RURAL and give township) rural Raymore			0190		
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				d. STREET ADDRESS (If rural, give location) 1/2 mile north Raymore					
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT		b. (Middle) LEVI		c. (Last) LONG		4. DATE OF DEATH (Month) (Day) (Year) March 26, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 24, 1914		9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cass Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Samuel Long			13b. MOTHER'S MAIDEN NAME Nina Carle		14. NAME OF HUSBAND OR WIFE none				
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 Mrs. Nina Long				ADDRESS Raymore, Mo.	
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) CEREBRAL HEMORRHAGE, DIFFUSE						2 DAYS		
	ANTECEDENT CAUSES								
	DUE TO (b) CEREBRAL ARTERIOSCLEROSIS						10 YRS.		
	DUE TO (c) PREMATURE SENILITY						UNKNOWN		
	II. OTHER SIGNIFICANT CONDITIONS								
	SODWARIISM + MILD MENTAL DEFICIENCY						CONGENITAL		
19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION HYPERTENSION, SEVERE							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) HARRISONVILLE, CASS, MISSOURI					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? NONE 334X					
22. I hereby certify that I attended the deceased from 1946 , to MARCH 26, 1952 , that I last saw the deceased alive on MARCH 26, 1952 , and that death occurred at 6:30 Pm. , from the causes and on the date stated above.									
23a. SIGNATURE Herbert A. Tracy, M.D.				23b. ADDRESS BELTON, MISSOURI			23c. DATE SIGNED MARCH 26, 1952		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/29/1952	24c. NAME OF CEMETERY OR CREMATORY Raymore Cemetery		24d. LOCATION (City, town, or county) (State) Cass Co., Mo.				
DATE REC'D BY LOCAL REG. 3-31-52		REGISTRAR'S SIGNATURE Dora Barnard		25. FUNERAL DIRECTOR'S SIGNATURE George & Sons		ADDRESS Belton, Mo.			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Richard E. George

Signed.....

Student Embalmer

Licensed Embalmer No. 3958

P. O. Address. Beeta, 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.

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