

FILED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4213

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) OR Kansas TOWN City		c. LENGTH OF STAY (in this place) 76 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR Kansas TOWN City		d. STREET ADDRESS (If rural, give location) 2444 Chestnut
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 2			3373		

3. NAME OF DECEASED (Type or Print) a. (First) Wesley b. (Middle) Long c. (Last) Long			4. DATE OF DEATH (Month) (Day) (Year) 9-19-52		
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5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH April 7, 1876		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME John Long		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
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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. 495-03-7230	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Long 2444 Chestnut			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infected second & third degree burns of thorax and abdomen					INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					called 14
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral infarction					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 123				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson Missouri				
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-27-52	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Smoking in bed			
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22. I hereby certify that I attended the deceased from 9-17-52, 1952, to 9-22, 1952, that I last saw the deceased alive on 9-22, 1952, and that death occurred at 3:30A m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Biles MD (Degree or title) Vunko		23b. ADDRESS 600 E. 22nd Street		23c. DATE SIGNED 9-25-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial U	24b. DATE 9/27/52	24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 9-26-52	REGISTRAR'S SIGNATURE Gertrude Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. 18th & Benton		
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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

Bruce L. Watkins

Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

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.