

FILED JUL 12 1954

2830

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

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 OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 44 YEARS c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes [X] No []

d. FULL NAME OF HOSPITAL OR INSTITUTION SHERBURN NURSING HOME e. STREET ADDRESS (If rural, give location) 204 NORTH MERRINGTON AVENUE 3048

3. NAME OF DECEASED a. (First) ROY b. (Middle) LEE c. (Last) LONG 4. DATE OF DEATH (Month) (Day) (Year) June 21 '54

5. SEX M Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH June 14, 1896 9. AGE (In years last birthday) 78

10. USUAL OCCUPATION (Give kind of work) COMMISSIONER 10b. KIND OF BUSINESS OR INDUSTRY SHEEP DEALER STOCK YARDS 11. BIRTHPLACE (City and State or Foreign Country) ADRIAN, MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME STEVE LONG 13b. MOTHER'S MAIDEN NAME UNKNOWN ERSOM 14. NAME OF HUSBAND OR WIFE ETHEL LONG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Long ADDRESS 304 No. Merrington Kansas City Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) thrombin pneumonia ANTECEDENT CAUSES (b) arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS (c) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 1 day 4 years 4:50

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [] NO [X]

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 [] NOT WHILE AT WORK [X] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19 1954 to June 21, 1954 that I last saw the deceased alive on June 21, 1954 and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE C.W. Rose (Degree or title) M.D. 23b. ADDRESS 123 N. Cleveland Kansas City, Mo. 23c. DATE SIGNED June 22, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JUNE 23, 1954 24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAH CEMETERY 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 6-23-54 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE N. H. Newcomer ADDRESS 1331 BRUSH CREEK KANSAS CITY, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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

Be 4191

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.....
Signature of Student Embalmer

Signed..... John B. Lewis

Licensed Embalmer No. 48

P. O. Address ka mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.