

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5378 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City Polk		c. CITY OR TOWN King City	
c. LENGTH OF STAY (in this place) all life		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		e. STREET ADDRESS (If rural, give location) Rr. 1/2 Mile south	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Charles	b. (Middle) Franklin	c. (Last) Long	(Month) 11	(Day) 27	(Year) 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3.24.1906	9. AGE (In years last birthday) 50	10. IF UNDER 14 HRS. Hours 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Truck driver	11. BIRTHPLACE (City and State or Foreign Country) King City Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. Francis Long	13b. MOTHER'S MAIDEN NAME Minnie B. Bowman	14. NAME OF HUSBAND OR WIFE Ruby I. Long
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. 505-12-6830	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Ruby I. Long, King City Mo, R.R.

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 2 da
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal Neoplasia DUE TO (c)		
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 594X
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 June 19⁵⁵ to 11.27.56, 19____, that I last saw the deceased alive on 11-27, 19⁵⁶, and that death occurred at 9:45 P.M.; from the causes and on the date stated above.

23a. SIGNATURE <i>R. H. Pappert</i> (Degree or title) M.D.	23b. ADDRESS King City Mo	23c. DATE SIGNED 11.30.56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12.1.1956	24c. NAME OF CEMETERY OR CREMATORY King City
24d. LOCATION (City, town, or county) (State) King City Mo.		

DATE REC'D BY LOCAL REG. 12-1-56	REGISTRAR'S SIGNATURE <i>K. M. Dawson</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>R. H. Pappert</i> King City Mo.
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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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 *R. G. Taggart*.....

Licensed Embalmer No. 2563.....

P. O. Address King City 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.