

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2461
 Do not use this space.

DECD FEB 23 1939

1. PLACE OF DEATH

(a) County Henry Registration District No. 355
 (b) Township Walker Primary Registration District No. 5498 Registered No. 3
 (c) City Wichita, Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 84 yrs. 0 mos. ds-12 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. R.R. 1, Wichita, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Katherine Long
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1868
 7. AGE YEARS 84 MONTHS 0 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita, Missouri
 FATHER 13. NAME Nicholas Long
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Tennessee
 MOTHER 15. MAIDEN NAME Elizabeth Armstrong
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Tennessee
 17. INFORMANT (ADDRESS) Stevie Long, Warsaw, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak DATE Jan. 29, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Conradus J. Beck, Clinton, Mo.
 20. FILED 1-31, 1939 W.E. Baggerly Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27th, 1939
 22. I HEREBY CERTIFY That I attended deceased from Dec 28, 1938 to Jan 27th, 1939
 I last saw him alive on Jan 27th, 1939. Death is said to have occurred on the date stated above, at 5:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Influenza
 Date of onset 12-28-38
 Other contributory causes of importance: Sanility
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. J. McDonald, M. D.
317 (Address) Wichita, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-219
Date Filed 2-8-39

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.....

me....., Registered Apprentice No.....
working under my personal supervision.

Signed M. W. Snow.....

Licensed Embalmer No. 4034.....

P. O. Address Clinton 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, above space should be left blank.